

THE  
AMERICAN  
JOURNAL OF INSANITY,

EDITED BY  
THE OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM, UTICA.

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VOLUME II.

1845-46

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The care of the human mind is the most noble branch  
of medicine.—GROTIUS.

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THE

AMERICAN

# JOURNAL OF LITERATURE

EDITED BY

THE OFFICERS OF THE NEW YORK STATE

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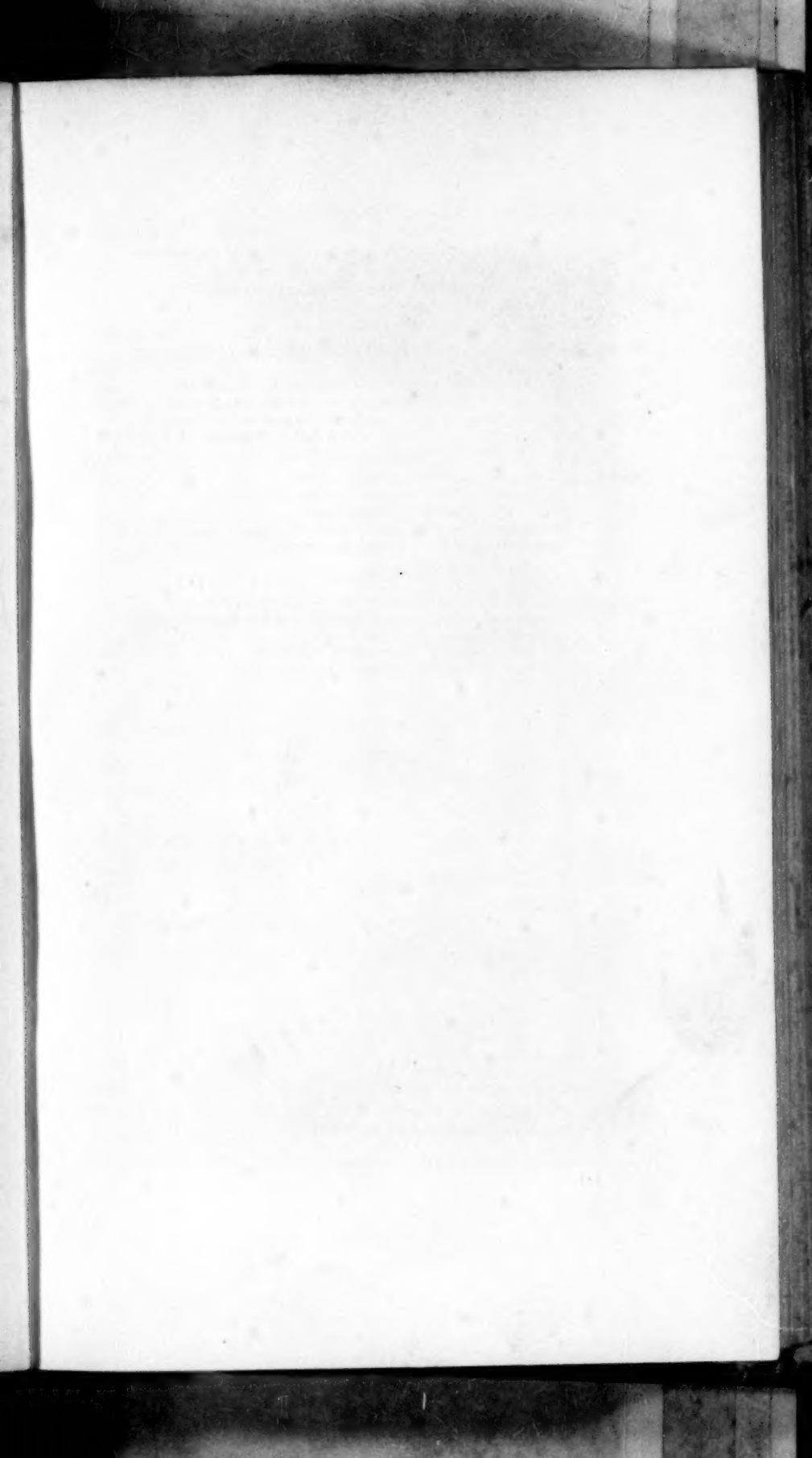
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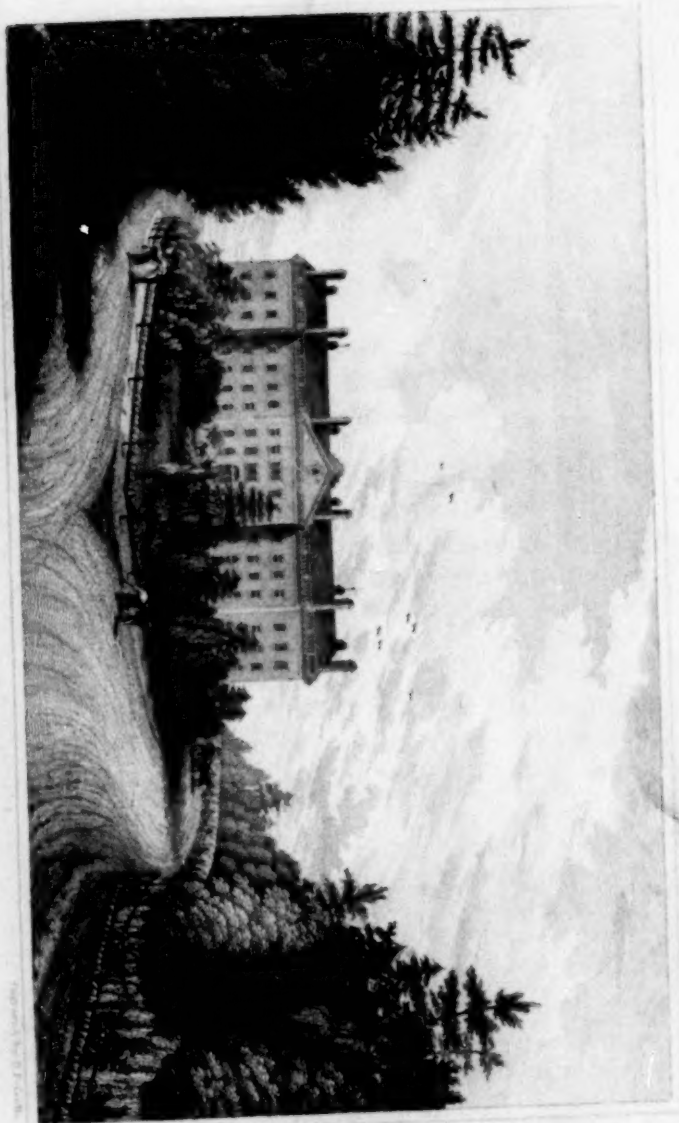
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THE STANLEY A. ST. JOHN.  
Bloomington, N. Y.

AMERICAN  
JOURNAL OF INSANITY,  
FOR JULY, 1845.

ARTICLE I.

HISTORICAL AND DESCRIPTIVE ACCOUNT OF THE BLOOMING-  
DALE ASYLUM FOR THE INSANE. BY FLINY EARLE, M. D.,  
PHYSICIAN TO THE INSTITUTION.

*1st. Origin and Progressive History.*

"In the year 1770, some of the philanthropic and public spirited inhabitants of the city of New York subscribed certain sums of money for the purpose of establishing a public Hospital, and a petition was presented by Peter Middleton, John Jones, and Samuel Bard, all eminent physicians, to Lieutenant Governor Colden, then commander-in-Chief of the province of New York, for a Charter of incorporation, which was, in consequence, granted the following year, by the Earl of Dunmore, Governor and commander-in-chief of the province.

"By this Charter, dated the 13th of June, 1771, the Mayor, Recorder, Aldermen and assistants, of the city of New York, the rector of Trinity Church, the ministers of the several other city Churches, the president of King's (now Columbia) college, and a number of the principal inhabitants of the city were named as members, and incorporated, by the name, 'The Society of the Hospital in the city of New York, in America!' This title, by an act of the State Legislature, passed March 9th 1810, was changed to 'The Society of the New York Hospital.' Twenty-six 'Governors'

were named in the original Charter, and to them the management of the affairs and business of the institution was entrusted. They held their first meeting on the 25th of July, 1771.

"Through the influence of Dr. John Fothergill and Sir William Duncan, considerable contributions were made to the Society by many inhabitants of the city of London and other places in Great Britain." The provincial Legislature promoted the object by granting an annuity from the year 1772 until the commencement of hostilities between Great Britain and the American colonies, and since the close of the revolution, the Government of the State of New York, has from time to time, greatly assisted the institution by its munificence.

The original building, erected on a lot bounded upon its southern extremity, by Broadway, accidentally took fire before its entire completion, and was nearly consumed. This was on the 28th of February, 1775. It was soon afterwards so far repaired that "During the war, it was occupied by the British and Hessian soldiers as barracks, and occasionally as a hospital."

"The effects of the war upon the circumstances of our citizens, and the general derangement of affairs prevented any attention to the institution, and it was not until the 3d of January, 1791, that the house was in a condition to receive patients." On that day, eighteen were admitted.

"The earliest account of the admission of *insane* patients into this Hospital is found in the first number of the Medical Repository, published in July, 1797. It there appears, that in the month of May of that year, *two* cases of mania were admitted, two cured and one died; that in the month of June following, *seven* cases of mania were admitted, two cured and two relieved. So it seems that at an early period a portion of the building was set apart for the accommodation of the insane."

"The next notice of insane patients in the Hospital is taken from a table exhibiting the numbers remaining in the

house, and those received during the following months of the year 1798.

	REMAINING FROM LAST MONTH.	RECEIVED THIS MONTH.
April,	7	0
May,	7	4
June,	9	3
July,	9	1
August,	8	1
September,	9	1
October,	7	0
November,	5	0
December,	5	2

"As early as 1802, a plan was in agitation to adapt the Hospital more extensively to the accommodation, management, and cure of lunatics."

"From a 'Brief Account of the New York Hospital' published in 1804, we learn that during the eight years which began with the 31st of January, 1795, and ended with the 31st of December, 1803, the number of patients admitted was 4,922. Of these, *two hundred and fifteen* were lunatics."

"The rapid increase of insane patients, their necessary confinement in a limited space, the evident evils resulting from the imperfect manner in which they were lodged, their proximity to other wards, and the consequent annoyance of the sick, determined the Governors of the Hospital to erect a distinct building for their use. This edifice, called the 'Lunatic Asylum,' was completed and opened for the reception of patients on the 15th July, 1808, when nineteen were removed from the other building, and forty-eight were admitted; making, in all, sixty-seven." During a period of thirteen years this "Asylum" was devoted to the object for which it was constructed, and since the expiration of that time has been known as the marine department of the New York Hospital; while, however, it was still occupied by the insane, and "as early as 1815, it was deemed necessary to make still more ample arrangements for that class of patients. The Hospital, which had been built almost literally in the coun-

try, was now found, in consequence of the rapid increase of inhabitants, to be in the centre of a bustling population.— This being incompatible with the treatment of a class of patients requiring both seclusion and free exercise in the open air, some benevolent individuals among the Governors (and of these, the late Thomas Eddy, for his ability, zeal, and quiet, though efficient exertions, can never be forgotten) conceived the plan of purchasing a farm at a convenient distance from the city, and of forming thereon a sort of insane colony. It was at this period that the celebrated investigation, before a committee of the British House of Commons, ‘into the state of the mad-houses,’ was going on, and that the almost wonderful success of the Friends’ Retreat, (near York, England,) was promulgated. Mr. Eddy made a communication on the subject to the Board of Governors, and pointed out the advantages that would flow from an enlarged and liberal system of moral treatment, similar to that pursued at the Retreat.”

Participating in the philanthropic spirit which suggested this project, the Governors immediately took measures for its prosecution and completion. A tract of land upon the Bloomingdale road, seven miles from the City Hall, was purchased, and, a plan for the edifice being adopted, the corner stone was laid on the 17th of May, 1818. This, the principal building of the Bloomingdale Asylum for the Insane, was completed and opened for patients on the 16th of June, 1821.

The experience of a few years demonstrated the necessity of extending the accommodations, and particularly of increasing the facilities for a judicious classification of the inmates. Accordingly, another and smaller building, for a portion of the male patients, was erected in 1829, and a similar one for a part of the females, in 1837. The whole cost of the buildings and improvements, bedding, furniture, &c. included, from the commencement of the establishment to the 1st of January, 1839, was about *two hundred thousand dollars*. Since the time last mentioned, many minor improvements, requisite to the perfection of the institution, in its de-



*tails*, have been made, but it is unnecessary to enumerate them in this place.

### 2d. Organization.

The general direction and supervision of the Asylum, has, from its beginning, been vested in a Committee of six persons chosen from and by the Board of Governors of the New York Hospital. It is elected annually, and but four of its members are eligible to reappointment.

This Committee meets at the Asylum, for the transaction of business, and the inspection of the premises, on the Saturday next preceding the first Tuesday of every month.

"A sub-committee, consisting of two persons, meets weekly to examine the house, and attend to the various matters of detail to which their attention may be directed. An inspecting Committee, composed of two persons from the other members of the Board, also visits the Asylum once a month. The same duty is incumbent upon the President and Vice President." These several authorities are required to report their proceedings to the Board of Governors, at their monthly meetings.

The officers of the Asylum are nominated by the Asylum Committee and elected, annually, by the Board of Governors. They originally consisted of a Superintendent, a Matron, a Visiting Physician and a Resident Physician. The Superintendent was the principal officer of the institution, his duties involving the control of every department, excepting that of medical treatment.

From the opening of the institution until August 20, 1831, a period of more than ten years, the places of Superintendent and Matron were occupied by Laban Gardner and his wife. They were succeeded by Ira Ford and his wife.—Dr. John Neilson, who was elected to fill the vacancy, at the old Asylum, caused by the resignation of Dr. William Handy in 1819, was made physician to the Bloomingdale Asylum in 1821. "He continued to visit the institution, first as attending and subsequently as consulting physician, until 1831, when he resigned." He was assisted during a part of the

years 1823 and 1824, by Drs. Mott, Stevens, Cheeseman, Cook, Hosack, Watts and Rogers. The Resident Physicians during the time of Dr. Neilson's connection with the institution, were as follows :

Dr. James Eddy, from June 1821 to June 1822.

Dr. Albert Smith, from June 1822 to March 1824.

Dr. John Neilson, Jr., from March 1824 to May 1824.

Dr. Abraham V. Williams, from May 1824 to June 1825.

Dr. James McDonald, from June 1825 to December 1830.

Dr. Guy C. Bayley, from December 1830 to October 1832.

In 1831 the Board of Governors resolved to modify the organization of the institution. The office of Attending Physician was abolished and the Resident Physician was made the principal officer. To him was entrusted the procuring of attendants for the patients, as well as the whole direction of treatment, both medical and moral, of the latter. The care of the farm and the finances, the purchasing of provisions, and the hiring of all employees, with the exception of attendants, was vested in another officer, designated as "Warden." The office of Matron was continued, and that of Apothecary added.

"The Governors of the Hospital engaged Dr. James McDonald to visit Europe for the purpose of examining the hospitals for lunatics, and making himself acquainted with the economy, management, and mode of cure practiced in the best institutions of the kind there. He sailed in July, 1831, and after an absence of fifteen months, having visited the most celebrated hospitals for lunatics in France, England, and Italy, returned, and resumed the charge of the Bloomingdale Asylum." During his absence the office of Physician was filled, as will appear above, by Dr. Bayley.

The names and time of residence in the Asylum of the several officers since the new organization, are as follows :

PHYSICIAN.

Dr. James McDonald, from Oct. 13, 1832, to Sept. 1, 1837.

Dr. Benjamin Ogden, from Sept. 1, 1837, to Sept. 16, 1839.

Dr. William Wilson, from Sept. 16, 1839, to April 1, 1844.

Dr. Pliny Earle, from April 1, 1844.

#### WARDEN.

Ira Ford, from August 20, 1831, to August 15, 1837.

George B. Pollock, from Aug. 15, 1837, to March 23, 1839.

William Boggs, from April 9, 1839, to April 1, 1843.

George W. Endicott, from April, 1, 1843.

#### MATRON.

Mrs. Ford, from August 20, 1831, to August 15, 1837.

Mrs. Balch, from August 15, 1837, to June 5, 1840.

Mrs. Eliza Hewlett, from June 5, 1840.

#### APOTHECARY.

Jarvis Titus, from February 17, 1833.

#### 3d. Of the Admission of Patients.

When the Asylum was opened, fifty-two patients were transferred to it from the Lunatic Asylum in the city. A large majority of these were incurable, and no less than *nine* of them are still living, and under the care of the institution.

From June 16th, 1821, to June 10th, 1845, the whole number of admissions, including the 52 just mentioned, was two thousand nine hundred and ninety-two.

The daily average number of patients for each year may be seen in the table subjoined.

YEAR.	AVERAGE.	YEAR.	AVERAGE.
6 mo's of 1821.	68.54	1833,	107.12
1822,	85.80	1834,	120.16
1823,	101.61	1835,	136.71
1824,	116.47	1836,	152.69
1825,	120.33	1837,	146.77
1826,	88.16	1838,	142.81
1827,	90.95	1839,	130.50
1828,	89.18	1840,	129.62
1829,	82.87	1841,	130.28
1830,	88.01	1842,	116.07
1831,	97.08	1843,	104.66
1832,	95.92	1844,	106.91

The daily average for the first five months of the current year, (1845) has been 117.71 ; and the present number of patients, (June 10th) is 126.

During the years in which the average number was highest, there were from twenty to thirty pauper patients from the city of New York. These were subsequently removed to the Asylum on Blackwell's Island.

The detailed statistics of the results of treatment would occupy more space than our limits allow, even if they were consistent with the nature of this article. Hence they are left for future exposition.

#### *4th. Moral Treatment.*

The Bloomingdale Asylum was one of the first institutions for the insane in the United States, that went into operation under the auspices of persons whose avowed intention was to carry out, as far as practicable, the milder system of government pursued in some of the British and French Asylums.

For some reason, however, (and it may have been that those concerned in the management of the Asylum believed that mitigation of coercive and restraining measures was as great as circumstances would allow) means were adopted which, at this day, would, to say the least, be thought unnecessary.

In the earlier years of the institution, some patients were chained, and others were confined, by leathern straps, to staples fixed in the floor. At a subsequent period, the so called tranquilizing-chair was introduced, and, for a series of years, continued as a means of restraint. It is hardly necessary to remark that all these methods of confinement have been entirely abolished. They are mentioned here only as matters of history. The same may be said of leathern straps for the ancles.

Leather wristbands, mittens and muffs for the hands, have always been used, but they have now been almost entirely superseded by the *camisole*, a garment which, while it effects the object desired, imposes no uncomfortable restraint upon

either the body or the limbs, and is not likely, like leathern apparatus, to abrade the skin. The appliance of restraining means is not permitted unless specially directed by the physician, and this order is given in such cases alone as seem imperiously to demand it. During the last six months neither strap, wristband muff, mitten, nor any other means of confining the limbs has, with but a single exception, been used in the male department. In the case excepted, the camisole was employed three days to prevent a patient from exposing himself, to the cold. In the female department more frequent recourse to the means under discussion has been necessary. The camisole, however, has almost invariably been sufficient for the accomplishment of the object in view.

The various auxiliaries to moral treatment are abundantly supplied to the patients. Among these are manual labor, various games and other amusements, a good library, and horses and carriage for riding. Since the year 1832 a chaplain has been constantly employed to preach on the Sabbath, before an assembly of the patients and others connected with the establishment.\* It is the intention of the Committee and the officers to make the Asylum a comfortable home, for the patients of what length soever may be their term of residence here. The attainment of this end is unquestion-

\*The following extract gives an account of one of the earliest attempts in this country to introduce religious services into an Asylum for the insane :

" Adjoining the City Hospital (New York) is a considerable building which, on June 15, 1808, was appropriated for the reception of lunatic patients. A few years after this, it was mentioned to the Governors of the Hospital, that if divine service could be performed, and an instructive, consoling discourse delivered once a week to the more tranquil of the patients, the compassionate Saviour might be pleased to accompany the effort with his blessing. To this recommendation they very cordially acceded, and on the afternoon of August 31, 1819, the intended service commenced.

" About forty of the most composed of the patients were assembled, and several of the Governors, the Physicians of the house, and the Superintendent of the Hospital attended on the occasion. The patients conducted with great propriety, and many, of their own accord, kneeled while prayer was offered, and several expressed their thanks at the close of the service."—*Memoir of the Rev. John Stanford, D. D.*



ably, a great, perhaps it may be said *the* great desideratum in an institution of this description.

*5th. Description.*

"The Bloomingdale Asylum," in the language of Dr. Macdonald," is on a fine swell of ground, which, on the south and west, almost imperceptibly declines by a gentle slope to the level of the adjacent country; while on the north and east it terminates more abruptly in a bold ridge extending across the island, and commanding the pass of the valley below. This situation, though perhaps not apparently so, is, after Fort Washington, the highest point of the island.

"The beauty of the grounds, and views from the main building, are almost unequalled. The approach to the Asylum from the southern entrance, by the stranger who associates the most sombre scenes with a lunatic hospital, is highly pleasing. The sudden opening of the view, the extent of the grounds, the various avenues gracefully winding through so large a lawn; the cedar hedges, the fir, and other ornamental trees, tastefully distributed or grouped, the variety of shrubbery and flowers; in fine, the assemblage of so many objects to please the eye, and relieve the melancholy mind from its sad musings, strike him as one of the most successful and useful instances of landscape gardening.

"There is, indeed, no private residence, or public establishment in the vicinity of the city, which for beauty of situation, or exercise of taste in the distribution of grounds, can compare with it."

There are three buildings which are used as dwellings. The principal one is constructed of reddish brown freestone brought from New Jersey. It consists of a central edifice and two symmetrical wings, the former a few inches more than 57 feet, and each of the latter 77 feet long, making the whole length a fraction over 211 feet. The depth or width of the central portion is 61 feet, that of each wing 44 feet for about two thirds of its length, and 53 feet the remaining third. The whole structure is three stories in height, exclusive of the attic and a high basement. It fronts a little to the west-



ward of south. A hall 14 feet wide passes through each of the stories of the central portion, all crossed by transept halls 10 feet 6 inches wide, at the remote extremities of which doors open into the wings. There are 4 large rooms on each floor; those of the lower story being severally occupied as Governor's Room, Dining Room, Physician's office, and Warden's office. Those of the stories above are devoted to the use of the officers. The wings are very nearly uniform in their architectural arrangement. On each floor of either of them, a Hall 10 feet 6 inches wide, corresponding with the transept of the Hall in the Centre Building, passes the whole length, the apartments occupied by the patients being upon both its sides. These apartments are of various dimensions. The west wing is occupied by males, and the east by females. About 150 feet in the rear of the former, and forming a right angle with the principal edifice, there is another building occupied by males. This is 57 feet long, 32 feet 8 inches wide, and three stories high. The general arrangement of the Hall and apartments is similar to that of the wings of the main building already described. The Halls are 10 feet wide, and the rooms are mostly of uniform size, being 9 feet 2 inches in length by 7 feet 2 inches in width. In the rear of the eastern extremity of the principal edifice, and parallel with the building just described, stands a third, the basement of which is a laundry, while the upper two stories are occupied by female patients. It is 66 feet 6 inches long by 38 feet wide. The halls are 9 feet 6 inches wide, and the patient's rooms 9 feet 6 inches long by 6 feet 6 inches wide.

"The buildings under consideration," says Dr. McDonald, "which were constructed with reference chiefly to utility, are without those ornaments that distinguish the orders of architecture. The exterior of the main building presents an appearance of simplicity, beauty, and strength, happily combined. One of the ruling objects of the architect, besides constructing it in a manner simple, neat, and secure, was to avoid giving it the semblance of a place of confinement. In

accordance with this view, cast iron window sashes have been used in place of grates in most of the rooms, and the interior has been finished and furnished like a private dwelling. Some of the rooms are equal to any found in the best hotels and boarding houses, and the long corridors running the length of the wings, are light, airy, and uncommonly beautiful. It is worthy of remark, that the ceilings are higher, and ventilation better than in most of our public buildings.

There are six bathing rooms in the establishment, 2 in each wing of the principal edifice and 1 in each of the smaller buildings. The water used in the Asylum is obtained from wells and springs, together with what is collected from the roofs. Several subterranean cisterns and six tanks in the attic of the main building, each holding 13 hogsheads, are the reservoirs for that which is collected from the source last mentioned. Every department devoted to patients is heated by air furnaces, with the exception of the six day rooms in the principal building, in each of which there is a coal fire in either a grate or a stove. Coal is the principal fuel consumed in the establishment. There is indeed no "wood fire." Most of the water used in domestic purposes, and all that serves for the washing of clothes is heated by steam. There are two kitchens, one for the officers, the other for the rest of the household. Thirteen tables are set at each meal, one for the officers, ten for the patients, and two for the domestics.

The principal out buildings on the premises are a barn, including stables and carriage house, an ice house, and a green-house, or conservatory. The barn is large and built of stone in the most substantial manner. The green-house contains about seven hundred plants, many of them rare and beautiful exotics.

The farm consists of two distinct tracts, one of about thirty acres, the other of about fourteen. The former alone is cultivated. The Asylum buildings stand upon it, at a place a little northward of its centre. It is appropriately subdivided, so that by a rotation of crops, all the garden vegetables

and hay together with a considerable quantity of potatoes, corn, oats, and other grain, are produced upon it. It is also well planted with choice fruit trees, many of them now at the age of most prolific bearing.

Among the domestic animals are one yoke of oxen, eight cows, and five horses.

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NOTE.—In the preparation of the foregoing account of the Bloomington Asylum, the language of others has been used wherever it could be introduced consistently with the brevity of the article. The quotations are chiefly from two works; one of them an essay on the Statistics of the institution in question, written by James Macdonald, M. D., and published in the first volume of the "New York Journal of Medicine and Surgery," and the other a small book entitled "Charter of the New York Hospital, and the laws relating thereto, with the Bye-laws and Regulations of the institution, and those of the Bloomington Asylum for the Insane."

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## ARTICLE II.

### MODERN IMPROVEMENTS IN THE CONSTRUCTION, VENTILATION, AND WARMING OF BUILDINGS FOR THE INSANE.

With a Design for "the Butler Hospital for the Insane," at Providence, Rhode Island. By LUTHER V. BELL, Physician and Superintendent of the McLean Asylum for the Insane, Somerville, Mass.

[It is perhaps known to most of those interested in the insane asylums, and insane of this country, that an amount of funds exceeding one hundred and thirty thousand dollars was secured last season, for the purpose of establishing an institution at Providence, R. I. A portion of this \$30,000 was the legacy of a distinguished philanthropist Mr. Brown.—Cyrus Butler Esq. gave \$40,000, in view of which liberal contribution the institution was at once decided to bear his name, and the remaining portion was derived from smaller subscriptions of public bodies and private individuals. After the organization of a Board of Trustees, and under a very liberal and appropriate legislative charter, a tract of land consisting of about 120 acres, two or three miles from the city of Providence was purchased. This was formerly known as the "Grotto Farm," from a beautiful and romantic ravine which crosses it, and surpasses in capabilities of improvement as regards its landscape beauties, any similar position which the writer has seen. It comprises an elevated plain, covered with forest trees and flowering plants, pro-

jecting headlands into the Seekonk river, which is expanded into a wide frith or estuary opposite its whole eastern line. The Trustees, on commencing the usual examinations of other institutions with a view of determining the buildings which were required, were soon impressed with a doubt whether better plans, in some respect, might not exist in Europe, where it was well known great attention had been paid within the last few years to the subject. It was obvious to them, that the institutions with us had been copied, essentially one from the preceding, without important improvements, and it was not known that any individual, practically acquainted with the subject, had ever examined the institutions abroad, with this direct intention. With this feeling, and an honorable solicitude that, in applying the handsome amount of funds in their hands, the means of curing and relieving the insane should be advanced a step if possible, instead of remaining stationary, they resolved that the institutions abroad should be visited, during the winter, as their building operations could not be proceeded with before the spring, and applied to the Trustees of the Massachusetts General Hospital for permission to send Dr. Bell, the Physician of the M'c Lean asylum, who was understood to have some architectural and mechanical taste, on this mission. Consent was most freely accorded and the voyage was immediately undertaken. Dr. B. sailed early in Jan. last for London; after examining the various public and private metropolitan asylums, and the larger public ones to the south, he passed over to the continent—remained a fortnight at Paris and its vicinity, and thence through Belgium, intending to visit the institutions on the Rhine. Receiving however such information as led him to the opinion that his short stay, would not be most profitably expended in that direction, he returned to England and visited a very considerable proportion of the most recent and best asylums in Great Britain. Amongst those, to which, as the most perfect and best designed, he gave the most particular attention, were the Surrey, Northampton, Leicester, Nottingham, Lincoln, Wakefield, the two at York, Glasgow, Edinburgh and Belfast. Many of the earlier, and unimproved asylums were visited during the first part of his absence, but so little was found to remunerate him for the loss of time, that he devoted more of his attention afterwards to the details of such recently constructed edifices as were acknowledged to contain the most recent improvements.

The results of his observation were communicated in a Report to the Trustees of the Butler Hospital, from which the following abstract has been drawn, omitting most of the matters of minute details. It is designed to offer only such points as may be of service as general principles; the application of which must of course depend on the circumstances, extent, means, &c. of the institution which is to be constructed. The plan proposed is now in the hands of a competent architect for estimates and other practical points, and has not yet been actually determined upon. The intention is to proceed at once to carry forward the buildings.

It will be a gratification to those interested in the insane personally, as well as the science, to know that the Trustees have appointed Dr. Ray, for some years the head of the Maine Insane Hospital, and author of the work, (as well known

and appreciated in Great Britain as at home,) on the "Medical Jurisprudence of Insanity," to the duties of Physician and Superintendent. Dr. R. has resigned his charge in Maine, and has seized the vacation occurring before the new institution can be completed to make a short visit to Europe, with a view to professional improvement.

Dr. Bell is full in his expressions of gratification at the truly fraternal manner in which he was every where received by the heads of the British institutions. It was the same in degree and warmth as that which, thus far, the heads of our asylums have shown towards each other. No formal introduction was any where needed; a mere statement of his pursuits and objects placed him at once on a footing of an old and intimate associate, and every kindness and facility was extended to him. His gratitude is due to so many, that space will not here permit his indulging in its expression.]

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GENTLEMEN—A detailed account of the various institutions in Europe, visited by me in your behalf, with the hope of adding the most recent improvements to the construction of the "Butler Hospital for the Insane," might be of adequate interest to those, who, like yourselves, have a direct and immediate concern in this class of charities. I feel however that I can better present the practical results of my observations by generalizing the facts acquired, with perhaps an occasional reference to particular institutions, to illustrate specific points.

Most of my available information has been drawn from the English and Scotch hospitals. Those on the continent, as far as I saw or could learn from reliable sources, however recent, costly, or well designed as regards their own citizens, had few points of a general kind, capable of being transferred to communities differing so entirely in social habits and ideas of comfort and convenience as ours.

The British institutions as respects architectural construction may fairly be divided into two classes, as built within the last ten or a dozen years, or previous to that date. The older ones have often, indeed generally, felt the influence of that intense interest and impetus, which has existed in England for the few last years as regards provision for the insane, and



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have been modified and improved as far as the original faults of construction would permit. Many have been recently abandoned for the insane, by being disposed of for almshouses and other purposes, and if there should be no abatement of the present discriminating and effective zeal, it is probable many others will meet the same fate.

The older class of institutions usually had their location within the limits of a populous town or city, and were surrounded by a high fence, which did not prevent the grounds from being overlooked by houses. The land consisted at most of a few acres; the airing courts were necessarily small and dark, and little free exercise in a pure atmosphere attainable to the great body of inmates. The buildings from the same paucity of land were thrown into four stories, considering the high basement as one, and of these the common mode of internal division was not unlike that in most common use with us. A central house contains the departments for the officers, business offices, more or less of the kitchen and laundry and other domestic conveniences, and the like. A wing proceeds from each end of the house, often overlapping, so as to admit light and air to the long corridor which extends between two ranges of rooms on either side to the distant extremity, where another window is placed. This corridor rarely exceeds 10 or 12 feet in width, and when the wing is so long as to be incapable of being lighted from the ends, this defect is remedied in part by omitting one or more rooms towards the centre. The window towards the house at the end of the long corridor is usually of little service; and to prevent communication from the opposite wing, occupied by the other sex, it is necessary that it should be kept shut and made opaque. The day-rooms are usually two of the common sleeping apartments made into one, by omitting a partition; another room is divided into halves for the bathing room, and the water closet. Not unfrequently the corridor is the only day-room or place for the usual residence of the patients by day. The attendant's room is any one of the common sleeping rooms, which may be selected, having no

advantages as respects inspection by day or night. The corridor has never less than eight, and from this up to five and twenty, rooms on each side, and of course its length is very great as compared with its width. The usual sleeping rooms contain not over 75 superficial feet of floor, and the height varies from 8 to 10 feet.

The general aspect of buildings so constructed, it need not be said to any one who has ever visited them, is exceedingly dark, gloomy, monotonous and barrack-like.

The heating is effected by some variety of furnace in the cellar, which receives its air from outside, and delivers it, when warmed, into the galleries by flues in the brick wall. The ventilation is made by flues opening from the rooms into the attic, from which it escapes by some form of cap or cowl, and whatever change of air occurs, is the result of the difference of gravity between the external and the internal air.

The exterior of most of these edifices has a plain factory like elevation, the cupola and portico alone having any attempts at ornament, or giving them a public character.

In contrasting these with a later era of insane hospitals in Great Britain, and the same thing is true under a different form of change on the continent, the first great difference which strikes the eye, is the much greater spaciousness of the recent edifices, and the higher degree of external and interior finish and completeness.

This illustrates strongly the prevalence of a principle, which I found every where recognized, and declared as the practical fruit of much of the experience of the institutions, which were brought into existence during the interest following the Parliamentary enquiry thirty years since.

This principle is, *that there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions; that the measure of expense of common paupers never should be regarded in providing for the insane; that a better class of almshouses may be carried on for receiving lunatics, and*

dignified with the name of asylums or hospitals, with some degree of apparent success, but to do the greatest amount of good to the insane the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond these receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable.

It is true that there are many places, public and private, in England, where the only question asked before a patient is sent, is, is the weekly rate lower than any where else? At two private establishments in London, Bethnal Green, and Hoxton, a thousand patients are crowded together into what appears a collection of buildings in the rear or backyard of a crowded street, without classification, ventilation, employment, or other means of comfort, to say nothing of cure. The general tone of feeling and action in England, was such as to render it certain that the days of cheap provision for the insane had passed away, after an experience of thirty years since hospitals were generally established.

This greater degree of spaciousness prevails throughout; in the quantity of land expanded to fifty or a hundred acres, instead of a town lot; in the area of ground plan of the buildings, rarely being run up to three stories, as far as the common apartments of the inmates are concerned; in the galleries, which in no recent instance have rooms on more than one side, and are from 12 to 15 feet wide, and as many high, presenting thus a light, airy, and cheerful aspect, giving a window to many groups of patients; the attendants' rooms, large and commodious, enabling this essential and all-important class of assistants to enjoy their limited intervals of sleep and relaxation in comfortable quarters, which at the same time are so arranged as to allow something to be known of the patients, even when the attendant is in his own room, the stair cases, so numerous as to allow the classification to be unbroken; the bathing-rooms, not in the galleries as was

the former very uncomfortable practice, but near them, and of very ample dimensions.

It is obvious that to have things on this enlarged scale of spaciousness must require much more extent of building, for the same number of patients, than in the old mode of cutting an edifice into as small cells, or bed-rooms, as were endurable. This is in part obviated by having a large share of the patients lodge in very spacious "associated dormitories" where a number, often as great as 20 to 30, are accommodated in beds ranged side by side, with an attendant's bed or room, so arranged, as to permit a constant inspection; the water closets, &c., being so placed, as to prevent any annoyance to each other.

It will be manifest that an immense economy of space and first cost will be saved by this system, unless there are objections to it which should prevent its adoption. A reference to the Report of the Metropolitan Commissioners on Lunacy, (a work of wonderful sagacity and practical wisdom, on all points touching the practical treatment of the insane,) and the various Asylum Reports, which I communicate to you, will show that this system has been most generally adopted and approved of in Great Britain, as a mode of accommodating a large proportion of patients, advantageous on many accounts, of vastly higher importance than mere economy. I beg leave to call your attention to the abundant testimony on this point, contained in the documents referred to.

In examining this really most important point in construction, with the heads of all the institutions I visited, I was surprised to find an almost entire concurrence of opinion, that in the best plan for an institution, whether for rich or poor, old or recent, males or females, it was expedient to have a large part accommodated in associated dormitories. Most of these gentlemen were familiar with both systems, as the idea formerly was in England, as it has been with us, that an institution should have a room for each inmate.

With respect to the exact proportion between the numbers



to be placed in associated, or in single dormitories there was some diversity of judgment. While some would have no single rooms, except for such as we term *lodge* patients, others would prefer to have one-half, or one-third of the beds in single rooms. In a single instance only, was a larger proportion of single rooms recommended. At the new and splendid Morningside Asylum, near Edinburgh, it will be seen by the plan that there are but six single rooms for 350 pauper patients. At Leicester and the York Asylums, I found common dormitories just made by removing partitions of small rooms; at Lincoln the upper galleries had been discontinued as such, and were used as common dormitories.

The difficulties which will perhaps at once suggest themselves, that patients in this proximity to each other would prevent sleep or otherwise annoy each other, were not found to exist in practice, the care taken in selecting subjects, and in means for a pure air and thorough inspection, appeared to overcome any trouble from such sources. I was further informed that it was deemed a great privation to sleep in a solitary room by those who had been inmates of the associated dormitory; that suicidal cases were much more easily and safely managed; that the presence of others had a happy effect in curbing and controlling those propensities to maniacal habits, tearing clothes, breaking glass, filthiness, and especially masturbation, which it is well known patients often govern during the day, when others are about them, but give an unrestrained vent to during the solitary hours of the night. It was also represented as peculiarly favorable to the timid and apprehensive, who were quiet and contented when in society, but sleepless and wretched when left alone in darkness and solitude.

The greater facility of a perfect ventilation in those large dormitories, as compared with small cells, was obvious, and under the modern or exhaustive system of ventilation, hereafter to be described, I believe it practicable to maintain a pure atmosphere with any number of sleepers.

I am able to see nothing in the social habits or customs of



the English, which would render any conclusions drawn from their experience inapplicable with us.

The entire experience of these institutions, corroborated by a trial of a year's duration at the McLean Asylum, commenced from necessity not choice, have convinced me that it is the true system, when carried to a proper extent, and that one-half of the patients may be as well or better provided for in associated dormitories, well arranged as to light, inspection and ventilation, as in any other way.

The next great improvement in the recent institutions is in the heating and ventilation. The original mode of heating was by common fire-grates, protected by a frame and net work, and locked. In fact, this mode is still collaterally used in day rooms, patients' rooms paying high prices, &c. in many of the English Asylums, not as I was informed, from any inadequacy in the other heating means, but from the idea that it is essential to an Englishman's comfort, that he should be able to see the fire.

The hot-air furnace was next universally introduced, under some of its thousand modifications, none of which met certain great and obvious objections, which render its employment inexpedient where an atmosphere of a high hygienic quality is as essential, as it is in an insane asylum.

It is a method at the present time universally in use with us, and as universally abandoned in Great Britain, in this class of institutions. I did not meet with it, in my visit, although it had just been superseded at several places by more approved methods.

When the flues for the admission and egress of air are very large, so that the hot air, when thrown into the rooms, is not much above the boiling point, the *cockle* or iron cover, so extensive as to be far removed from contact with the flame, and the apartments to be warmed, are directly above the furnace, its performance is tolerably satisfactory. It is however very difficult to obtain even this moderately satisfactory result; the air is in part scorched by contact with

hot iron, a circumstance, whether to be explained or not on chemical theory, attended with a most decidedly prejudicial effect upon the health and feelings of perhaps a majority of those in health; the hot-air, if delivered by flues near the floor is liable to be contaminated by patients spitting into the register, or placing their feet against it, so that the whole air admitted is thus rendered offensive; a more mischievous or demented class will subject the flue to more offensive annoyances or injure themselves by placing their backs or heads against its outlet. If on the other hand, the register opens high enough to avoid these difficulties it will be found that the hot-air will be not well disseminated, that the hottest portion will constitute a stratum next the ceiling, while that at the floor will be sour and carbonic.

It is undoubtedly these and other objections which have occasioned the entire abandonment of the modes of heating by bringing air in contact with heated metal at a high temperature. My own experience with, and observation of, this mode of heating asylums in our climate, leave no doubts on my mind, that it will be a happy day for our institutions, when the last piece of the thousand inventions and improvements for keeping air in contact with hot iron shall be turned into the old junk shop.

Whoever has experienced the pure, bracing, tropical breeze of tepid air flowing in general diffusion over a building warmed by steam or hot water, and changed by a reliable process of ventilation, will be scarcely satisfied with any atmosphere he will find in our institutions, which nevertheless may be called pure, and is so perhaps, as far as the mere olfactories are concerned. Indeed, it has been scarcely my luck to find in any building for any purpose, a hot-air furnace which does not occasionally deliver more or less impalpable dust and ashes, or smoke, as well as the empyreumatic odor of burnt particles.

The value of such an atmosphere as that derived from steam and hot water apparatus, and an exhaustive system of ventilation, was wonderfully demonstrated to me in comparing

the intellectually active and cheerful countenances, the vigorous circulation, the aspect of good condition of inmates of a modern asylum, with the listless, apathetic, irritable indolence of those within the older places of detention. Although long impressed with the general hygienic importance of a pure atmosphere at a proper temperature, upon the general health and prospects of life of the insane, I never before fully realized its connection with their mental and moral condition. In melancholy, despondent subjects, it will be found, I think, that such an atmosphere is almost essential, in the winter, when the open air must be more or less denied to them.

The modes of heating buildings by steam and hot water, although known under many names and complications, patented and unpatented, are comprised under three principles: 1st, Heating by steam under pressure, so that a heat far beyond the boiling point of water 212 degrees is obtained, approaching even 5 and 600 degrees—the apparatus containing the water, thus sustaining a pressure of 11 to 1200 lbs. to the square inch. The intense heat of the water is shown by the fact, that if a space on the tube is filed bright, it assumes the straw and then the blue tinge, indicating that degree of heat. This is the invention of Mr. Perkins, and I investigated its working at the asylums at Northampton and at Belfast, in Ireland, and was satisfied that it was not a safe and advisable mode of heating an asylum for the insane. In view of the well known loss of tenacity of iron, long maintained at a high temperature and the immense pressure upon the tube, it cannot be deemed permanently safe; it violates the essential principle in healthy warming, that is, that large quantities of air should be introduced in a moderately warm state, instead of small quantities intensely heated. In fact the peculiar changes wrought upon the air by high heat are identical, whether the metal be raised to the heat by contact with burning fuel or water raised to the same degree.

The apparatus is quite expensive, as every part must be made very perfectly and strongly to sustain the test to which it is subjected. It consists simply of a tube of wrought iron

an inch in diameter, with an internal calibre of about half an inch; this is coiled up so as to form an ordinary coal grate in which the fuel is placed. The tube is continued from the ends of this grate until a circuit is formed, running into every part to be warmed, along the side of the walls, or in a groove in the floor, as most convenient. At the most elevated portion is an expanded portion containing about  $\frac{1}{12}$  of the whole water, and hermetically sealed. The water pure by distillation at first, never requires to be changed. It circulates with a rapidity determined by its change of specific gravity from heat and its friction on the sides and curves of the tube. In practice the temperature at different points is found to vary so much as to defy all calculation. The heat is radiated into the apartment, and whatever air is necessary to ventilation, is admitted from the outside in a cold state, in which state it is well known a ready admixture with the warm air is not effected.

I conceive that an essential improvement in this apparatus would be made, by carrying the tubes in a large flue below the rooms into which the external air should be admitted, and the hot air drawn from this flue by the usual flues in the walls. A proper commingling of heated and cold air, would be thus effected, and the hazards of explosion and of patients burning themselves prevented. I saw, however, little or nothing in this apparatus which would lead me to recommend its use in hospitals for the insane.

2d. The mild hot-water apparatus, or where the temperature does not exceed 212 degrees, has had a great variety of forms. It may be so arranged as to radiate its heat directly into the apartment, by continuous tubes, or coils and ranges, in the form of sideboards, or filling any vacant recesses, as fancy may dictate, or the tubes may be arranged in a hot-air chamber in the cellar to which the external air is admitted and drawn off whenever required. It is hardly necessary to say that for an insane asylum where the cold air should be mixed with the heated, before it is admitted, this last is the best method and the mode of doing this in large horizontal

flues in the cellar the most convenient, as the air may thus be carried to any distance horizontally—a very necessary circumstance in an asylum, unattainable equally in any other mode, as far I have seen.

The tubes are, in some new methods of warming a range of rooms gradually augmented in size as they go more distant from the boiler. The increased quantity of water and radiating surface are thus made to compensate for the heat which has been parted with, and an equal portion reaches the nearest and most distant rooms.

Plates, wrought iron, cast iron, and copper tubes of various dimensions are employed to retain the heated water and to constitute a radiating surface. I believe that tubes of cast iron from 3 to 7 inches in diameter, as at once cheap, presenting a good surface, easily connected and durable, are the best modes of using hot water for heating, and that they are best distributed in large plank or brick flues in the cellar, which may admit the external air in large openings or in smaller holes, if the *diffused* method is judged more eligible.

The practical objection to heating by this form of apparatus, as compared with steam, is the slow manner in which the heating up must be effected, almost necessarily involving the necessity of a fire being maintained during the night.

3d. The modes of distributing steam to obtain its heating power, are essentially those of hot water. As its temperature is higher than hot water can be maintained in any apparatus, less radiating surface is requisite. The extent of tubular surface could not probably be determined by any previous calculations as it would be materially influenced by the quantity of air that would be drawn from any particular gallery to keep a perfectly pure atmosphere. If the generating boiler was of due size, the repeated additions of separate ranges of iron pipe within the air flue would enable the maximum supply to be experimentally reached, and as these ranges would be connected only by receiving at one extremity the branches of a common steam pipe, the admission of



steam into more or less of them could be regulated in accordance with the temperature, and the ventilation required.

My own convictions are altogether in favor of steam managed in this manner, as a means of warming an insane asylum. Generated and applied solely to this end, it might not be so economical as the hot air furnace, but as forming one of the uses of a boiler designed also to furnish steam, for lifting water, cooking, washing, drying clothes, as I shall explain hereafter, I am inclined to believe it would be found not objectionable even in point of economy. Regarding the much higher hygienic quality of the air thus produced, I confess I regard some such mode as indispensable.

I have referred to the mode of ventilation common, indeed the only one used as far as I know in our institutions. Flues of a size inadequately small, being usually some 8 by 4 inches, carried up in a 12 inch brick wall, proceed from the bottom or top, or both of the apartments to the attic, where they open and foul air finds its escape by some form of cap or cowl. In a few instances and certainly with the utmost advantage another flue descends from near the floor to the cellar, to admit air to replace that which diminished gravity from its expansion has induced to escape. Generally, however, the only air which can supply the place of that which escapes (and none can escape unless its place is thus filled,) must enter at cracks and accidental openings.

When a large body of heated air is admitted and the wind is favorable, there are periods when these flues *draw* with sufficient activity, but generally their performance is very uncertain and inadequate, especially at those seasons when their use is most essential, as in the weather of our late spring and early fall, when a fire is not needed, nor is the openings of windows admissible. The internal heat of the building as compared with the external, the state of the currents of air and various other circumstances, in fact all the curious causes, apparent and latent, which affect the draft of smoke flues, produce an endless variety of cross currents, counter drafts, regurgitations from the attic, which defy all

remedy. Any valvular arrangements to meet these difficulties virtually effect a stoppage of the flues in calm weather when no great amount of heated air is admitted. In the same manner, any upward or extractive force expected from cowls or caps turning to leeward will be dependent entirely on the force of the wind. When this is trifling, the obstruction from any apparatus of this kind, producing at least one right angle and more or less friction in the ascending current will actually obstruct the object.

Again, in a day room or single sleeping room, the little elevation of temperature resulting from animal heat, will not induce an upward ascent in a cold and rough flue, which instantly reduces the ascending air to a lower level than the room from which it ascended. Indeed any one who has attended carefully to the operation of these flues will readily admit that they draw any way and no way, beyond the reach of explanation. I believe that no institution can be found dependant on the natural ascent of air for ventilation, in which a pure atmosphere can be relied upon, or even generally experienced.

There is also this important objection to a natural ventilation in our hot, but uncertain, summer nights, that no sufficient change of atmosphere can be effected except through an open window. Enough air will not be carried upward through the flues to meet the want. The animal heat will not raise hot air enough to induce its ascent in contact with cool bricks.

To counteract these palpable and undeniable difficulties, (more urgent in our climate of sudden changes and wide extremes, than in almost any other,) a system of forcible extraction of the foul air of inhabited rooms has become universal, and it is deemed indispensable in the public institutions of Great Britain, from the Houses of Parliament, in arranging which the distinguished Dr. Reid has been engaged for years, down to prisons and houses of correction. This extraction is in all cases maintained by some more or less direct connection of the flues leading from the inhabited apartment with an ascending current of heated air artificially produced.

The modes of carrying this into effect must depend upon the circumstances of the building to be ventilated, a chimney with a powerful draft is essential. The flues are led into a common flue of large size; the current in this sometimes passes down to the ground where it turns its columns of foul air under a grate in a tall smoke flue. Or it may be turned directly into the ash-pit of the same fire which heats the building, or enter a smoke flue and receive its suction or extractive force from that source. A flue from the attic, having a fire at its lower end, occasionally is used to produce the upward current where the original foul air flues ran upward into the attic.

I cannot explain better my views as to the most effectual mode of ventilating an asylum for the insane, than by describing the system I saw at the Kent Lunatic Asylum at Maidstone. It has been in operation since the original buildings were constructed in 1833 and Mr. Poynder, the most intelligent medical head of the establishment who has had much practical experience, having formerly held the same station at the Gloucester Asylum, assured me that it had always been satisfactory in its working, and that it was equal to any mode he was acquainted with. I would premise that I do not think, that the mode of generating the hot air by hot water is sufficiently active for our climate. I believe steam the more eligible mode.

The external air is admitted to the hot air chamber in the cellar, through a flue under ground 4 or 5 feet high; this terminates at a distance of a hundred feet in rear of the building, in a tower of moderate elevation crowned with a revolving cowl or cap 5 feet in diameter, having its open side kept to the wind by means of a large vane. The air thus received passes amongst a series of triangular iron pipes connected at the ends, so as to permit the hot water from a neighboring boiler, to circulate through them, and disposed in layers at right angles to each other, from which disposition it was supposed that little air would pass upwards without impin-

ging against a heated surface. The heated air escaped in a large sized flue, at least three feet square, opening separately in each gallery by a still larger aperture at the ceiling, where it was protected by a coarse wire netting. A pretty large sized opening was over every room door and from near the floor in each room, and at various places in the larger rooms and dormitories, flues about two feet in length and six inches wide, protected by a cast iron net work, were carried down in the partition, the angular corners of the room being cut off where necessary, to give space to so large a flue, into a large brick flue in the bottom of the cellar which delivered the foul air under the fire grate, where it supplied the fire. A strong active current was thus produced which had the effect of drawing the warm air into the apartments in addition to its natural ascensive power, distributes it over the whole house and towards the lower parts of the rooms, and extracts the foul air with so much activity, that even if foetid substances were placed in, or at the opening of the flue, no odor would be delivered into the rooms.

Under this exhaustive system, a water closet has a draft directly down, through its seat. Dampers are inserted in the main flues to regulate the admission and exit of air, and the calibres of different smaller flues are filled up experimentally until an equal, or desired draft is left to each.

I found this system to be, under all its modifications, simple, reliable, and effective, and such as must eventually be introduced in all constructions on land or water, designed to accommodate many persons in a small space.

In digesting a plan for the "Butler Hospital" from my somewhat copious supply of materials, (having been so fortunate as to obtain copies of the unpublished plans of a number of the best and most recent institutions,) I have been compelled to adopt the conclusion that for our country and climate, a right line, with projections at right angles and at the centre, is the most convenient form. My opinion formerly was much in favor of separate buildings for the different sexes, and for the officers and offices of the household. There

are certainly advantages in such a separation, but overruled by reasons of convenience and economy ; particularly where it is designed to introduce the modern system of heating and ventilation. A most serious objection to the common quadrangular form, that patients from different sides are placed opposite and in view of each other, is obviated by the plan of having the kitchen and its appendages and the chapel over it, project between the two wings.

Both of the plans I offer, are based on this outline, and are intended to have two stories only, except at the centre house, and at the enlarged extremities, which are carried up another story to constitute large and airy "associated dormitories." In each, the accommodations for the worst class of patients are in the rear of the return wings, separated by doors and a gallery, from the others, but not detached from them.—The expediency of having this class of inmates thus provided for, or placed in buildings entirely detached, has been a point much discussed by practical men. The better opinion appears to me to be, that in a small institution, the occasional disturbance to others from this class properly separated in the building is a less evil than their removal from the immediate observation of the head of an institution, as they beyond any other class require the most direct surveillance.

In both these plans, I have calculated for about one hundred and thirty patients, equally of both sexes ; about one sixth are intended to be provided with apartments larger and more elegant than are required for those who do not pay a remunerating price.

When the institution is filled, about one half would be lodged in the "associated dormitories," which with the galleries are to be inspected from the attendants' rooms. There are to be six classes of each sex ; a first and second class of high paying patients, divided according to the manifestations of disease ; two galleries of common quiet cases, with associated dormitories attached for a part ; a gallery for troublesome and demented, the latter having an associated dormitory, and one for the vociferous and furious. An en-



tire separation in going out and coming in and at all times, is provided for these respective divisions by separate stair cases. No. I of these designs will be found to be compounded essentially of the plans of the Northampton and Maidstone Asylums.

\* \* \* \* \*

No. II is the ground floor of an edifice, the elevation of which is intended to be in the Elizabethian or Tudor Gothic style of architecture. The general idea of the exterior is taken from one of the buildings of the Royal Glasgow Lunatic Asylum, a tracing from the architect's plan of which will be found amongst the papers in your possession. It is a very favorite taste in England during the last few years, and there are many reasons for its peculiar adaptation to hospitals for the insane and analogous purposes. It is not a classical order, and has no proportions or decorations which can not be made to meet the purposes and funds of the institution. Its general character and contour can be produced with comparatively little expensive work. It admits of a union of stone and brick work with neither anachronism nor incompatibility. At the Surrey Asylum, the buildings are of brick with Portland stone facings, at Liverpool, Belfast and other places red sandstone was used for this purpose. The extent of stone necessary to produce a proper effect in this style is not great; the bands between the stories, the recessed door, the labels above the windows and perhaps a shield or two appear to be all. The ornamental chimnies, the bevelled sides to the windows, the embattled parapet, except the coping course to the latter, are all formed of brick moulded to that end.

Among the reasons which have induced me to think this style would be admirably suited to your construction, are the following. Its absolute or intrinsic beauty; its adaptedness to the beautiful site you have secured, as it would harmonize so happily with the forest, headland and water view of your location, while no other buildings would be in sight to break the unity of the scene; the two other public build-

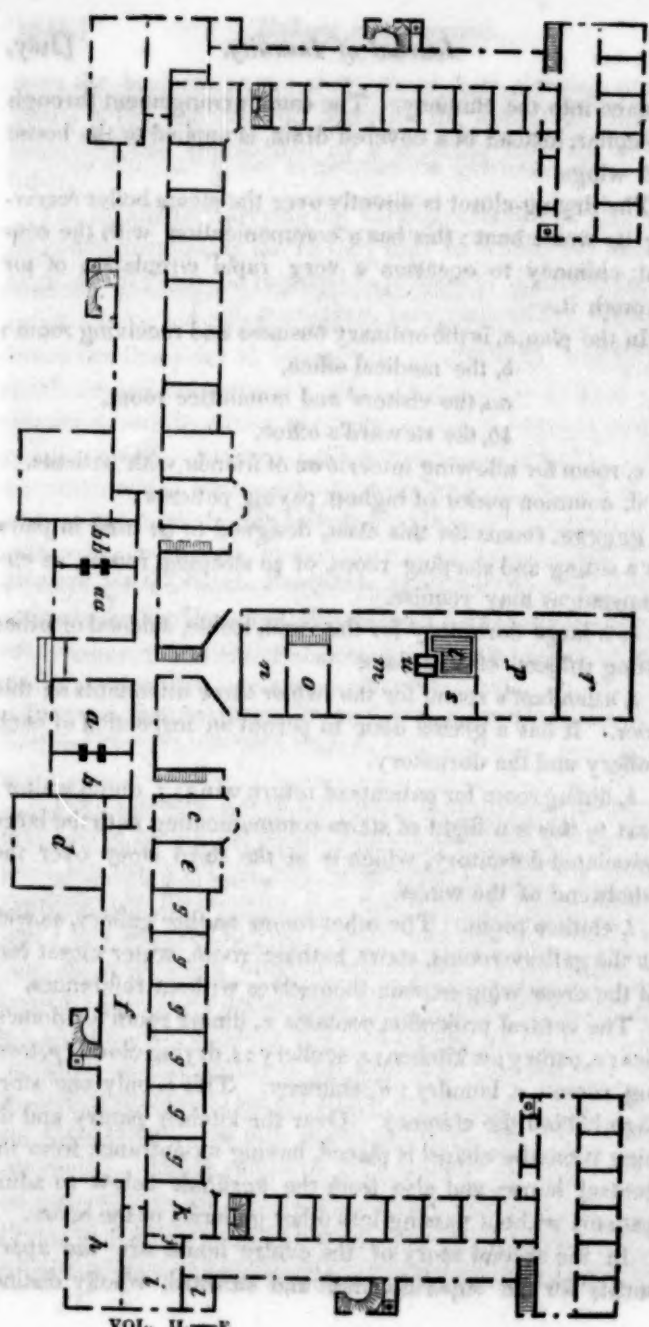
ings between it and the city, the Dexter Asylum and Friends' College being constructed with a centre and wings in a plain style, it is peculiarly undesirable to add to the monotony by a third building in the same taste.

But its peculiar advantages are its fitness as regards internal structure and convenience. The windows will admit of being made of such sizes and at such intervals as internal arrangements may require. The sizes of the lights, whether rectangular or not, can be of the small size essential, without the prison-like aspect which small panes in large sashes usually produce. The roof, ordinarily so prominent a deformity, is concealed by the parapet. Neither dome, portico or cupola will be required to give a public character to the edifice. Its aspect will be that of a villa of ancient date. This style admits of projections for stairs or other purposes which convenience may require which add to its character, instead of detracting from it as in ordinary modes.

The parapet walls around the centre house and the enlarged ends, will permit different sections to be guarded from probability of destruction by fire, better than any other mode.

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By a reference to the ground plan, it will be perceived that the chimney of the kitchen, laundry and other offices is situated towards the centre of the whole establishment. It is intended that this should be the point from which all the heating and ventilating operations should be carried on. Directly beneath the drying closet and kitchen, in the cellar, are the oven for baking and the steam boiler, having their flues entering the central massive chimney. The steam is conveyed by pipes to a small engine to pump water, to cook, to heat water for washing and by a pipe in a covered drain to the return and rear wings, where it is to be transmitted into cast iron pipes, running within a long flue in which the external air is admitted, heated, and discharged into the rooms. The foul air descends by flues in the walls from all parts, passes through the covered drain and under the boiler



furnace into the chimney. The same arrangement through the cellar, instead of a covered drain, is applied to the house and wings.

The drying-closet is directly over the steam boiler receiving its waste heat; this has a communication with the central chimney to occasion a very rapid circulation of air through it.

In the plan, *a*, is the ordinary business and receiving room;  
*b*, the medical office,  
*aa*, the visitors' and committee room,  
*bb*, the steward's office,

*c*, room for allowing interviews of friends with patients,

*d*, common parlor of highest paying patients;

*gggggg*, rooms for this class, designed to be used in pairs as a sitting and sleeping room, or as sleeping rooms, as circumstances may require.

*h*, a large dormitory for the timid, feeble, suicidal or other fitting subjects of this class.

*i*, attendant's room, for the two or three attendants on this floor. It has a glazed door to permit an inspection of each gallery and the dormitory.

*k*, dining room for patients of return wing; *j*, dumb waiter; next to this is a flight of stairs communicating with the large associated dormitory, which is in the third story over the whole end of the wings.

*l*, clothes room. The other rooms on this gallery, as well as the gallery rooms, stairs, bathing room, water closet &c. of the cross wing explain themselves without references.

The central projection contains *n*, dining room for domestics; *o*, pantry; *m* kitchen; *s*, scullery; *t*, drying closet; *p*, ironing room; *r*, laundry; *u*, chimney. This is only one story high behind the chimney. Over the kitchen pantry and dining room the chapel is placed, having an entrance from the central house, and also from the vestibule below to admit patients without passing into other galleries or the house.

In the second story of the centre house are the apartments for the superintendent and steward, wholly distinct

from the business parts; above these their sleeping apartments at the one end and those for the domestics entirely separated, and approached by a separate staircase at the other.

The details for carrying out various parts of this plan will be communicated, as far as they may be within my knowledge, as they may be required in process of construction.

I am, gentlemen, very respectfully yours,

LUTHER V. BELL.

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### ARTICLE III.

EULOGY ON J. E. D. ESQUIROL, READ BEFORE THE ROYAL ACADEMY OF MEDICINE, PARIS DEC. 17, 1844, BY M. PARISET, PERPETUAL SECRETARY OF THE ACADEMY.

Translated from the French, for the Journal of Insanity, by HENRY J. TURNER, Professor of Languages, Utica, N. Y.

It is of a master, it is of a friend, it is of my dear Esquirol, that I have to day the painful honor to entertain you; and if, from the beginning of this discourse, I express my tender veneration for his memory, it is that a secret voice answers that I find an echo in your hearts, and that my words are only the expression of your sentiments. Who in fact, has known Esquirol without loving him? Who among you has not admired the delicacy and the solidity of his mind; the elevation and the loyalty of his character; the paternal care he took of his pupils; the art which he manifested in developing their talents; the pity which animated him for suffering humanity? And if you have been initiated in the secrets of his beneficence, tell us if in acts of such touching virtue, he displayed a shadow of ostentation, or if he prescribed to himself any limits? His generosity prompted him to give without



any reserve. Excellent man, whose actions and works have honored France, and who to make us feel his loss, shall I say more sweet? shall I say more bitter? has left to us in his memory a perpetual lesson of uprightness, of moderation, of disinterestedness, and goodness.

Jean Etienne Dominique Esquirol was born in Toulouse the 3d of February 1772. Jean Baptiste, his father was a merchant. His fortune, probity and the public esteem raised him in 1787 to the honors of the Capitoulat; a dignity which events reduced to the transitory functions of municipal officer. Delighted at first with the great reform that was going on in France, he soon detested the excess and retired. A few years afterwards the danger of a scarcity recalled him to public life, and solely by means of his name and credit, the calamities of famine were arrested. Young Esquirol was educated for the church. When he had finished his first studies in the College of *Esquille* his parents sent him to the Seminary of *Saint Sulpice*, at Issy, to pursue a course of what was called Philosophy. The revolutionary eruption drove him from this holy asylum, and he returned to Toulouse, where he studied medicine. His father was then one of the administrators of the great hospital of la Grave. There Gardeil and Alexis Larrey were at the head of Medicine and Surgery: Gardeil who is renowned by his translation of Hippocrates, and the works of Diderot. Jean Dominique Larry, who died recently, an honor to France, was the first assistant at the hospital, and was also professor in a school which was founded by his uncle. It was under such masters, and with such associates that Esquirol studied Anatomy, Physiology, and Pathology. Various and curious experiments succeeded the dissections which the pupils repeated with all the ardor of emulation. Esquirol was distinguished among them by the accuracy and vivacity of his ideas. He also studied botany with Picot Laperouse, author of *Flore des Pyrenees*, and often followed him in his rambles on the declivities and to the summit of these magnificent mountains.

At last the moment in which the two friends were to separate arrived. Larry went to Paris, from there he was sent to Brest, and embarked on board of a state vessel bound to North America.

Provided with a commission of officer of health in the army of the Eastern Pyrenees, Esquirol went to Narbonne where he remained two years. Barthez resided there and had a great practice. He saw Esquirol and wished him to become his secretary; but the irascible Barthez often manifested towards his secretaries the same disposition as the prince Conte did towards his, and Esquirol acted the same with Barthez as Moliere did with the prince; that is he would not accept the office; he was afraid. But he was endowed with another kind of courage. You know the state of mind in those unfortunate times. The ferocity of the reformers had placed in all parts of France tribunals which only thirsted for blood. There was one in Narbonne, in perpetual session. An Advocate and the only one which was allowed to plead for the accused, plead for them in silly verses, and all accused were condemned.

Shocked at this odious mixture of ridicule and barbarity, Esquirol exclaimed in a feeling manner; "I can defend the innocent better myself." Some women heard him; and the husband of one of them was on the point of being tried; she conjured Esquirol with tears in her eyes to speak in his behalf. Esquirol consented. And now behold him before the revolutionary tribunal inspired by justice and pity. He made use of such touching and original language, that the judges surprised and charmed acquitted the pretended guilty one. Orpheus's triumph when he tamed the tigers. The first lawyers in the world are those who are possessed with feeling united with reason. Gold was offered to Esquirol as a reward for his services; but gold would have soiled his hands, and dishonored so beautiful an action. Some time after this he rendered a similar service to a poor mechanic in his native town who was accused of having taken a little iron from the manufactory of the Republic.

Returning to his own home Esquirol devoted himself to literature, mathematics, natural history and medicine. In the 3d year of the French Republic, he entered as a government pupil at Montpellier and in the 6th he obtained two premiums in natural history. However the wealth of his parents diminished daily, and he was not the oldest child.

His small inheritance made it necessary that he should devote himself to those studies that would enable him to procure a livelihood for the future, and he determined seriously in favor of medicine. In the 7th year he came to Paris, as poor as were Portal, Vauquelin, Pinel, Dupuytren and many others when they came; and who by severe study and labor attained to opulence and glory. Carelessness placed Esquirol in the utmost distress. He had placed in the folds of an under garment, a small sum in gold, that had been given him by his affectionate father: this garment being much worn, he threw it out of the window without thinking of the sum it contained and entirely forgot it. He wrote to Toulouse when he discovered his loss and gave an account of the occurrence and asked for another supply, but his story was not at first believed, and supplies did not arrive until a considerable time elapsed. However he was not discouraged. He remembered a friend whom he had made when in the seminary, M. de Puisieulx who was the tutor of a child whom we have since seen at the head of affairs, M. Mole. M. Mole lived with his mother at Vaugirard. Esquirol called on his friend: M. de Puisieulx presented him to M'de Mole, who received him kindly, and gave him a room in her house. A book and a place at her table was the first present he received, study was to do the rest.

During two years Esquirol came daily from Vaugirard to the clinic of the Salpetriere, to the public lessons of the Jardin des Plantes and to the school of medicine. They were tedious journeys in the winter; but in other seasons of the year, a little bread and some fruit rendered them beautiful; together with the conversations which he held with Bichat, Schwilgne, Roux, and Landre Beauvais, all men of talents

and feeling. They loved Esquirol, and he in return always loved them. Happy time of poverty, of labor, and of hope, the remembrance of which continued to delight Esquirol even in his last moments. At that epoch there were in Paris two cliniques attended by different sets of pupils; the clinic of the Salpetriere and that of the Charite'. The head physician of the first was Pinel; Corvisart attended the second in the same capacity.

These men, so very different in disposition and in mind, agreed on one capital point, which was to command respect for their persons and their profession by strong public testimony of reciprocal esteem. Their sound reason and natural generosity, raised them above all self esteem, and perhaps also the secret sentiment that each one possessed that which the other needed. It was singular, that Pinel who had graduated in Montpellier, had received his diploma in Paris, and that Corvisart, a graduate of Paris had been educated in Montpellier. They were both superior men, but the first owed the most to labor and art, the latter was indebted to nature; to that nature, that instinct, which according to Hippocrates knows without study; or which by the justness and rapidity of its conceptions, seems as Plato says, as if it remembered. However it may be, Esquirol engaged in Pinel's school; soon became his master's favorite pupil. It was him who edited the treatise on clinic medicine, which appeared in a second edition in 1804. Cast your eyes on that work, and by the number and diversity of the facts, by the beautiful order in which they are placed, by the general considerations which they suggest to the mind of a master, upon the highest medical questions; you will judge that even in the commencement of the exercise of his profession, Esquirol had seen and reflected much; for a few facts well studied, pave the way for an infinity of others. I will add that Pinel taught that which Corvisart could not teach. The Salpetriere, as well as Bicetre was destined to the treatment of a disease, that was seldom or ever, seen at the Charity Hospital. I allude to mental diseases. Esquirol preferred the study of those dis-

eases to all others. Such a study would afford a lesson for the philosopher who aspires to a profound penetration into the nature of man. Under the calm appearances of reason, in the peaceful course of the actions which characterize it, the observer could discover but imperfectly the secret springs, by whose regular motion it is prepared, formed and strengthened. It is when these springs are broken, it is when the motion is stopped,—in a word, it is when the mind is in ruins that one discovers clearly the origin, the unity, the close and mutual dependence of our sentiments, of our perceptions, of our ideas, of our memory, of our judgement, of our reason, of our wishes, of our actions ; that is to say, of that marvellous chain of inventions, and arts, that are brought to light by the inexhaustible industry of our understanding. It is there, it is among those wrecks that are hidden the essential elements of the knowledge of man and consequently the true principles of education, those of civil and criminal laws, and I do not hesitate in saying those of government. Sad condition of man ! he knows his excellence but by his infirmities ; and to enable him to place a right value on his noblest attributes, intelligence and liberty, he must lose them both. That the master of the earth should be placed in a condition which renders him incapable of being master of himself !

Esquirol has written much, and his station as physician to two large hospitals led him to encounter daily those whimsical singularities which characterize the diseases of the mind, from which, as well as from his private practice he drew an infinite number of observations. A member of the society of the school, and of that of the department, one of the collaborators of the *Dictionnaire des Sciences Medicales*, one of the founders of the *Revue Medicale*, of the *Archives de Medicine* and of the *Annales d'hygiene publique et de medicine legale*, he communicated to these societies and inserted in different journals, notes, remarks, articles, and facts which it would be useless to enumerate at present, since as we learn in the preface to his great and last work, these same materials, reviewed, polished, and arranged in their respect-



ive order with the utmost care from a treatise which he published in 1838, under the following title; "*Des Maladies Mentales, considerees sous les rapports, medicale hygienique et medico legal.*" It is of this great treatise that I ought to speak. But I will call your attention to Esquirol's first work, which can be considered only as a preamble to the latter, and which was written 32 years before. I speak of the Inaugural Thesis which was composed by him in 1805 to obtain the title and dignity of Doctor in Medicine, and to secure to himself the right to conduct the beautiful establishment, which he had the courage to form. The Passions are the subject of this thesis. The author considers them as causes, as symptoms, as curative means of mental alienation. To feel the relations which he establishes by his writings, it would be necessary to have a clear idea of the passions, and also, of mental alienation. These two points have not perhaps yet been sufficiently discussed, at least that concerning the passions.

This thesis on the passions was received with enthusiasm by physicians, also by the world at large, and is held in great esteem at the present day. It was translated into English, and effected more towards establishing the reputation of the author through Europe, than the cures which he made in his establishment, already much esteemed by the public. I have dwelt on this thesis, because Esquirol himself has selected much from it, and that it is, I repeat it, the preamble of the great work, with which I shall now entertain you.

The first volume opens with a general picture of Insanity. The figures of the picture are full of life and movement, but the rapid succession as well as the multitude, and astonishing variety of these sad images would only confuse the thoughts, if the author had not, as it were, changed the scenes, in order to concentrate our attention on certain points, by giving them more unity, and to make an indelible impression on the mind.

These points bear upon the symptoms, causes, progress

and termination of insanity, and finally on the principles of general treatment. \* \* \*

The rest of my discourse, gentlemen, will be concerning Esquirol himself. In his treatise on the passions, he did not speak of his own. His passion was to penetrate deeper than any other physician of whatever nation he might be, even deeper than his venerable master, into the study, knowledge, and treatment of insanity. In 1810 he succeeded to Pinel at the Salpetriere; or rather he continued in it, with the same mind, the same zeal, and the same charity; and whilst he obtained by his entreaties improvements in the buildings and in the regimen which he thought necessary, he alleviated the sufferings of the sick by distributing among them what he received for his own services. By these means he awakened gratitude in the minds of his patients, because they were always alive to justice, and thus he also obtained their confidence.

But events were hastening to a crisis, and the Empire was on the brink of ruin. In 1814 the calamities of war filled the hospitals with deadly fevers. The eagerness of Esquirol to serve so many unfortunate beings, was acknowledged by his receiving the decoration of the Legion of Honor.

In 1817 he gave the first course of lectures ever delivered on insanity. The new and attractive character of these lectures gathered around him not only the French physicians but those from foreign countries. His lectures were often made topics of familiar conversation in which the auditors proposed freely certain objections; and from the discussion of such objections new lights were kindled on the subject. The course was terminated every year by a session in which a premium of 300 francs was awarded by Esquirol to the author of the best essay on any determined point of mental alienation. Hence the many learned physicians who in France, in all Europe, and beyond the seas, are found at the head of establishments, in which a knowledge of mental diseases is required; and from the same cause arose also the

extensive reputation that Esquirol acquired, and which was only unknown to himself.

His views however extended beyond the Capitol. What Howard did for the Lazarets, hospitals, and prisons in Europe, and as far as the confines of Asia, was accomplished by Esquirol in favor of establishments which were destined for the insane. He visited all the asylums in cities which contained persons afflicted with diseases of the mind; and almost every where chains, violence and brutal means were resorted to; tortures which had been abolished long ago in the asylums of Bicetre and the Salpetriere by the courageous humanity of Pinel. It seemed that the lamentations and groans of so many unfortunate beings in thirty-three cities, had touched the heart of Esquirol and urged him on in his travels, and in the toilsome and minute researches which were the objects of his journey. He compiled from his investigations a Memorial, which he transmitted in 1818 to the superior authority; and which had the effect to awaken, in all departments, the solicitude of the magistrates, concerning those excesses of barbarism, and distress. These were the first germs which were seen to blossom later, and even in the neighboring countries.

Esquirol has since multiplied his travels. The same care that an historiographer takes, to collect on all sides, documents to enrich his work, was taken by Esquirol to gather from foreign establishments, a vast amount of information, notes, descriptions, detailed plans, &c., and thus he obtained light himself, and spread its beneficent rays on all sides.

Every one is aware of the difficulties attached to the office of Inspector General, to which Esquirol was appointed in 1823. He fulfilled them with the moderation and firmness which characterized him, and which are inseparable from justice. Having obtained this employment without wishing for it, he left without any other regret than that it deprived him of opportunities of rendering to others the service, which he had rendered to an illustrious professor of Montpellier,

who through his influence was reinstated in his chair. It was to serve him that Esquirol had solicited the station.

In 1826, Esquirol became chief physician of the Royal house of Charenton, in which he introduced several important reforms, and added to its fame—a fame that his successors will increase. He published many valuable statistics relating to the establishment, and even caused it to be reconstructed. The reconstruction, conducted on an entire new plan, undoubtedly makes it one of the most beautiful establishments in the universe. The true luxury of civilization, is to raise palaces for suffering humanity. I must add, that the house of Charenton received also from him 10,000 francs, to establish a library for the use of the physicians and patients.

At the first organization of the Royal Medical Academy he was ranked among the first titular members. In 1828 he was elected a member of the counsel of salubrity, which he aided by his assiduity, and enlightened by his knowledge. The year in which we mourned his loss, he was acting as Vice President of said counsel.

In 1834, whilst on a voyage to Italy, rendered necessary by ill health, the Academy of Moral and Political Sciences placed him among its correspondents.

In 1827 and 1840, two of his pupils and friends, Dr. Chambeyron and Dr. Archambault, published two translations, one from the German by Hoffbauer, (*Traite de Medicine Legale Relative aux Aliens et aux Sourds-Muets*), the other written in English by Ellis, (*Traite de l'Alienation Mentale*.) Both translations were enriched with notes by Esquirol, in which he displayed all the sagacity of his mind.

A new sect, you know, supposes that between the exterior configuration of the head, and the intellectual and moral faculties, there exists some relations, which enables them to come to important conclusions respecting the mind and moral powers. Several casts of the heads of alienated persons, whose characters and range of intellect were well known

to Esquirol, were taken ; but they did not demonstrate any thing, unless it was the absurdity of the hypothesis. As to idiots, the plaster representations had more signification.—However, we must not forget that the sides of the head of the illustrious Bichat were not alike.

But, gentlemen, we have arrived to the conclusion. Esquirol's constitution, naturally feeble and delicate, was worn insensibly, by labor, years and disease ; he was subject to catarrhal fluxions, which becoming more frequent rendered his respiration shorter, more embarrassed, and painful.

In the beginning of the month of December, 1840, he had a last attack. An undue love of his duties led him to go to the counsel of salubrity, and he thereby increased his disease, which was accompanied by a fever. His sickness took a serious form. Master of all his ideas, Esquirol watched its progress, and foresaw the issue.

Prompted by the love he bore to his friends, he tranquilized them on his situation, and concealed his own sufferings. Surrounded by his relations, his pupils, his friends, Louis, Leuret, Moreau, Calmeil, with Mitivie and Baillarger, now his successors at the Salpetriere, he extended his weak hands to them and murmured his last farewell. "I leave you," said he ; "remember me, prosper, but above all never banish peace from among you—that peace which is the pledge of the greatest happiness." To feel the charm and the strength of those divine words, Let peace be among you ! it is necessary to keep in view those annihilations at the hour of death in which all vanishes by degrees ; except a clear knowledge of the true wealth of this world. At last the fatal hour came, and the 12th of December, 1840, Esquirol slept with the just, in the arms of a consoling and holy religion, which opened for him the doors of eternal felicity.

Esquirol had married Anne Constance Carre, an accomplished model of reason, simplicity, charity and modesty. She regarded her husband's family as her own. She connected it by blending with it the Chapellier, Moreau, and



Vanin, who were ornaments to the magistracy. This worthy woman died four months after her husband. Esquirol left no children, unless we can honor with so worthy a name his numerous pupils, and above all his nephews, one of whom practised law in Toulouse, and who had through a respectable scruple, left the pulpit; the other was seated in the court of accounts as referendary, and the third, Dr. Mitivie, Physician of the Salpetriere, who associated himself with Moreau and Baillarger, for the purpose of directing conjointly the beautiful establishment of Ivry; three men that are attached by a religious piety to the memory, the doctrines, and examples of Esquirol.

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#### ARTICLE IV.

##### LUNATIC ASYLUMS OF THE UNITED STATES.

We present to our readers an account of the Lunatic Asylums of the United States with pleasure and pride. These Institutions are, we believe, highly creditable to our country—many of them will favorably compare with the best in Europe. They are mostly of recent origin, and nearly all are filled with patients.

From the abundant materials furnished by the annual Reports of these Institutions, we could easily make a lengthy article, but our limited space will not permit us to make extended extracts. We however commend these Reports to the careful perusal and study of all those interested in the subject of insanity and the welfare of the insane.

# LUNATIC ASYLUMS IN THE UNITED STATES.

STATE.	NAME OF THE ASYLUM.	LOCATION.	MEDICAL SUPERINTENDENT.	Date of opening.	Admissions last year.	Discharged.	Recovered.	Deaths.	No. at com. of year.	Present Number.
Maine,	Maine Insane Hospital,	Augusta,	James Bates, M. D.	1840	83	75	32	3	68	76
New Hampshire,	Asylum for the Insane,	Concord,	Geo. Chandler, M. D.	1842	104	91	37	5	47	70
Vermont,	Asylum for the Insane,	Brattleboro',	W. H. Rockwell, M. D.	1837	96	74	51	7	136	158
Massachusetts,	McLean Asylum for the Insane,	Somerville,	Luther V. Bell, M. D.	1818	158	140	68	19	134	152
"	State Lunatic Hospital,	Worcester,	S. B. Woodward, M. D.	1833	236	228	124	15	255	253
"	Boston Lunatic Asylum,	South Boston,	C. H. Stedman, M. D.	1839	29	29	9	5	108	108
Rhode Island,	Butler Hospital for the Insane,	Providence,	Isaac Ray, M. D.	1824	105	85	45	11	83	103
Connecticut,	Retreat for the Insane,	Hartford,	John S. Butler, M. D.	1821	106	102	50	13	100	104
New York,	Bloomington Asylum,	Bloomington,	Pliny Earle, M. D.	1839	274	206	291	359		
"	N. Y. City Lunatic Asylum,	Blackwell's Island,	{ F. Hasbrouck, M. D. — Stewart, M. D.	1843	275	211	132	16	196	260
"	N. Y. State Lunatic Asylum,	Utica,	A. Brigham, M. D.	1830					20	30
"	Hudson Private Lunatic Asylum,	Hudson,	G. H. White, M. D.							
"	City of N. Y. Private Lunatic " No Asylum.	New York City,	James McDonald, M. D.							
New Jersey,	Penn. Hospital for the Insane,	Philadelphia,	Th. S. Kirkbride, M. D.	1817	49	134	75	12	132	151
Pennsylvania,	Friends' Asylum,	Near Philadelphia,	Chas. Evans, M. D.	1817	49	42	25	1	52	58

[illegible]

## MAINE.

The *Maine Insane Hospital* at Augusta, was opened for the reception of patients, October 14th, 1840. It consists of a central building and two wings, beautifully situated on the eastern bank of Kennebec river, and is capable of accommodating 120 patients. It is a State institution, though two benevolent individuals contributed ten thousand dollars each, towards its erection. It has a farm of 70 acres. Dr. Cyrus Knapp was the first medical superintendent, which office he held but a short time, when Dr. Isaac Ray was appointed in his place. The latter gentleman has had charge of the establishment until the last autumn, when he resigned for the purpose of superintending a similar institution about to be erected in Rhode Island. Dr. James Bates is now the Superintendent and Physician. Dr. Horatio S. Smith, Assistant Physician.

This institution has been well endowed by the State, and is in a flourishing condition. Present number of patients, 76.

The Reports of Dr. Ray, have been among the most interesting that have been issued from any similar establishment. In the last, for 1844, he dwells at considerable length on the subject of "Mechanical Restraints" in Lunatic Asylums, a subject that of late has been much discussed. He remarks as follows:

"Before concluding my remarks on the management of patients, I would take the opportunity of adverting to a subject which has latterly excited unusual interest, that of restraints. Within a few years the doctrine has come into vogue in England, that *mechanical restraints* are improper, and accordingly they have been entirely banished from some of its institutions. Of course this is proclaimed to be a remarkable and valuable reform, and all who would not be considered as laggards in the march of improvement, are imperatively called upon to adopt it. That some change on this subject was required in that country, is evident enough from the following passage in the report of the Lunatic Asylum for the county of Lancaster, for 1841. 'From the

opening of this Asylum in the year 1816, mechanical restraint appears to have been extensively employed; and at the time your officers took charge (1840,) they found twenty-nine persons, (whole number of patients being 530,) wearing either handcuffs, leglocks, or straight waistcoats—exclusive of between thirty and forty patients who were chained down during the day time on seats so constructed as to answer the purposes of water closets, in rooms known by the appellation of ‘warm rooms;’ moreover during the night time all the epileptic and violent patients were chained or otherwise secured in bed.

“It was also an established custom to place every case on admission under restraint during the night-time for a longer or shorter period, as might appear expedient.’ It certainly is not strange that these gentlemen, on being convinced of the absurdity and cruelty of such practices, should have conceived an unwarrantable prejudice against the use of restraints, and ran to the opposite extreme of error. It is not the first time that the transition from one extreme of opinion to the other has been accomplished in a single step. And it may be for the simple reason that such practices have never been allowed in our institutions, that we are unable to sympathize with the strong feeling against the use of restraints at all, now so prevalent in England. That a hospital for the insane can be conducted without them, nobody doubts! But the real question at issue is, whether the welfare of the patients is more promoted by the judicious use, or the entire disuse of restraints; and this question is far from being settled by the fact that some hospitals are conducted without them. Before we can admit that the interests of the insane require the disuse of all restraints, it must be proved, either that they are positively injurious to the patient, or that their intended object can be better obtained in some other way. I am not satisfied that either of these positions has been established, but it may be well to look for a moment at the merits of the question.

“Of course it is not contended that the insane should be



subjected to no restraint whatever, but that it should be exercised by the hand of an attendant instead of any mechanical contrivance. When therefore mechanical restraints are entirely disused, the first consideration that presents itself is, that the number of attendants must be much larger than when they are used even in a very limited degree, and thus the expenses of the establishment be swelled to a very onerous amount. In many parts of our country, the only alternative is between a cheap establishment and none at all; and certainly, nothing but the clearest and weightiest reasons should be suffered to have the effect of debarring a large number of the insane from receiving the benefit of hospital treatment.

"But it is not on this ground that I would defend the use of mechanical restraints. In most cases where they are now used in American hospitals, I have no hesitation in saying that they are far preferable to the vigilance or force of attendants. The object is gained more surely, more effectually, and with far less annoyance to the patient. A mechanical contrivance performs its office steadily, uniformly and thoroughly, and is submitted to as something inevitable. The will and strength of an attendant are capricious and variable in their operation. The strong effort is occasionally relaxed, and the idea of eluding his vigilance or overpowering his strength, is constantly present to the patient's mind. The former is mere inert matter and excites no feeling, while an attendant, constantly present, watching and restricting every movement, is viewed as the author or abettor of his sufferings; his spirit is chafed and a state of constant irritation is produced.

"The propriety of these views will be abundantly confirmed by an examination of some of the cases that require restraint. Take a very common case, specimens of which no hospital is without for any length of time. The patient is covered with sores or abrasions, which he is converting into bad ulcers by scratching off the scabs, or lacerating them with his nails: or he is bent on tearing open a wound in his

neck made by an attempt at suicide. If entrusted to an attendant without any mechanical aid, he must encircle the body and arms of the patient with his own arms, or else by keeping near him, watch the slightest motions of his hands and arrest them in season. The former means would be exceedingly irksome to both parties, and perhaps impracticable, and the latter would fail of its object which would require a degree of vigilance and quickness of motion that no man can be supposed to possess. On the contrary, let the hands be restrained by a simple leathern strap which confines them to the waist while they still possess considerable freedom of motion, and thus one end is attained and the patient may be left to the undisturbed enjoyment of all his other motions. Seeing that he cannot meddle with his sores, he abandons his attempts, and his mind is at rest on that point. Again, a patient is highly excited and restless, and strongly suicidal. If, in order to prevent any harm, an attendant is put in his room at night, the hours are likely to be spent, not in sleep or quiet, but in a series of struggles between the attendant and patient, the latter in the blindness of his excitement, venting his wrath upon the former, and thereby being made worse rather than better. A simple contrivance like that just mentioned, would answer the purpose, while the patient would be left to himself in comparative quiet. Another, though exhausted by sickness and needing repose, is constantly endeavoring to rise from his bed, while the conversation and movements of an attendant only excite his attention and maintain the morbid activity of the brain. Let such a person be retained upon the bed by means of the *bed strap*—an admirable invention of Dr. Wyman, the first superintendent of the McLean Asylum whereby the patient is gently held upon his bed, though able to turn from side to side—and he ceases to struggle, his mind is comparatively calm, and sleep may visit his eyes. It often happens that in order to prevent a patient from doing some improper thing, two or three attendants would be required, and they could effect their purpose only by using a

degree of force that would exhaust and irritate him. With the muff, or mitten, upon his hands, he could be allowed to control his own movements, with perfect safety and far less annoyance to himself. It very often happens that in case of the same patient and in the same condition, mechanical restraints are substituted for the personal efforts of an attendant, and the superiority of the former abundantly shown by the superior calmness and comfort of the patient while under their application.

"It is objected to mechanical restraints that they leave disagreeable impressions on the mind of the patient who regards them, even after recovery, as marks of degradation and unkindness. That such feelings may have been observed in patients whose recovery was quite imperfect, and who consequently regarded restraints, as they might a thousand other things, in a very false light, is very probable, but not a single instance of such feeling has come to my knowledge, in patients who had attained healthy views on every other subject. It is also objected to them that they are liable to be abused; that they are often applied to save trouble, and even to gratify the spite of attendants. If the application of restraints is to be left entirely to the discretion of attendants, then the result implied in the above objection would no doubt, frequently happen. But in this institution—and I presume it is so in all others in this country—no restraint can be applied except by order of an officer. It is our rule to use no more, and continue it no longer, than is necessary to effect the object in view, and in all cases, it is the comfort of the patient, not the attendant, which is consulted. In well-regulated establishments, the number under restraint is always very small. While writing this there is not a single patient in this institution, with any kind of restraint upon the person: and this is often the case for many days together. Occasionally, the number under straint may amount to four or five, but probably the number would not average more than two or three. It is also objected to them that they chafe the skin and produce sores. This, no doubt, occasionally

happens, but if the restraint is discontinued as soon as it is observed, the evil is not a very serious one."

#### NEW HAMPSHIRE.

*The New Hampshire Asylum for the Insane* is located at Concord. It is a State Asylum and is a well built, well arranged, and well conducted institution. George Chandler M. D. is the Superintendent. It was opened for the admission of patients Oct, 28, 1842, Present number (June 1845) 76. Accommodations for 114, has 121 acres of land.

#### VERMONT.

The Vermont Asylum for the Insane, Brattleborough, was opened 12th Dec. 1836. Its location is among some of the most beautiful scenery of our country. It is a State institution, yet Mrs. Ann Marsh by giving \$10,000 for the purpose of establishing a Lunatic Asylum is truly the original founder. By additions recently made it has accommodations for 200 patients. Present number of patients 158; a good farm is connected with the Asylum.

Dr. William H. Rockwell is the Superintendent and Physician, and has been from the opening of the institution. Dr. D. Tilden Brown, Assistant Physician. Dr. Rockwell has had much experience in the care of the insane, as he was for a considerable time Assistant Physician at the Retreat at Hartford, Ct., and we understand the institution which he now superintends has been well managed. But we cannot forbear expressing our fears that the low price which this Asylum has recently advertised to receive patients will prove injurious to the best interests of the insane. That such persons can be supported at a low price every one knows, they are so now in the various poor houses of the country, but we hope not to see Institutions bearing the high name of Asylums and hospitals for the insane, and erected expressly for their comfort and cure to degenerate into mere receptacles for this class of unfortunate persons. To this however they must assuredly come if the price is reduced to what it costs to

support sane persons, as they will be obliged to dispense with that care, attendance, &c., requisite for their welfare as *sick persons* and which in all Asylums ought to form a large item of expense in addition to the cost of board. On this subject we fully concur in the following remarks of Dr. Woodward in the last Report of the Massachusetts State Lunatic Hospital.

"The English Commissioners, very justly in my opinion, discountenance low prices. They sanction no houses where the charge is less than 8 shillings a week, or about \$2.00 of our currency, and they are better pleased with those who charge 9 or 10 shillings a week which is from \$2.25 to \$2.50, about the customary charge of the New England public Hospital. There is doubtless some danger of getting prices too low, though the motive with those who strive to reduce them is unquestionably good. If the cost of living should increase, it would be difficult to raise the price, and there is danger, in such circumstances, of cheapening the living to poor-house fare, lest the cost of support should exceed the income. I think it much better to keep up the price to the average charge at the American hospitals, and increase the comforts and benefits that a liberal price will allow, rather than reduce it to the minimum rate and endanger neglect and too cheap a diet."

#### MASSACHUSETTS.

*McLean Asylum for the Insane* at Somerville is one department of the Massachusetts General Hospital. It was incorporated in 1811, but received little aid from the Government.

Trustees were chosen in 1813 and a few years after commenced collecting money by subscription and donation for the erection of a hospital for the sick, and a department for the insane. Above \$50,000 were subscribed for the latter purpose and the present Asylum was erected in 1816. In 1818 it was opened for the admission of patients. In 1821, John Mc Lean, Esq., of Boston, left by will about \$100,000 to the corporation, which then voted to designate the asylum by his name, in accordance with a provision of the charter.



The principle part of his legacy was expended in adding a new building, 90 by 46 feet, and a lodge building, 50 by 25 feet, for male patients, and in effecting general improvements, which want of information in the early arrangements had rendered necessary.

In 1835, Miss Mary Belknap, of Boston, left a legacy of near \$90,000, (its exact value not yet determined, as some annuities are still payable from it,) which enabled the trustees to erect similar additions to the female accommodations.

With these successive additions, the number of patients who can be conveniently accommodated is about 140, or 70 of each sex.

Dr. Luther V. Bell is the superintending Physician and Dr. Chauncey Booth, Jr., the Assistant Physician. This Institution has always maintained a very high character and during the twenty-six years it has been in operation it has admitted 2437 patients of which number 1088 have been discharged recovered, many much improved and 223 died, remaining 152. viz. seventy-five males and seventy-seven females.

Dr. Rufus Wyman was the first Superintendent but resigned on account of ill health in 1835. Dr. Thomas G. Lee succeeded him in the charge of the Institution but was removed by premature death in October, 1836. Both of these gentlemen stood high in the confidence of the public and in the esteem of all who knew them. The present able superintendent succeeded Dr. Lee.

This institution has accommodations for those who are able and willing to pay a high price and it receives more of this class than probably any other in the country, though it also receives some on moderate terms. It deservedly holds a high rank, and is usually crowded with patients.

The reports of Dr. Bell are able and instructive, but our space will not permit us to make extracts. We cannot however forbear to add the following encouraging remarks taken from his last Report.

"In casting an eye over the great field of benevolence in

which this Institution is engaged, the prospect is truly noble and encouraging. In our own land, new institutions are arising in which liberality, zeal and intelligence are combined and emulously striving to surpass those already established, in the wisdom of their provisions and the amount of their facilities ; while those which have been long established are anxious to make continual progress, and to add to their means the experience of all countries ; an enlightened humanity is providing proper care for the rejected insane of the lowest rank in the intellectual and social scale ; the personal exertions and sacrifices of philanthropists, of both sexes, are felt in new impulses of private benevolence, and new enactments of legislatures. The diminution of the deep-rooted, morbid prejudice respecting insanity, and of the unsound views of its nature, which formerly prevailed, and its recognition as a common physical malady, involved in neither mystery nor disgrace, mark this better era. Last, and perhaps not least among the propitious circumstances attending the insane in our land, are the friendly co-operation and honorable confidence amongst those called to the direction of our public institutions, manifested in their free communication with each other, particularly in the arrangements which have been made for meetings of the " Association of Medical Superintendents of the American Institutions for the Insane."

" In other countries, a new and energetic spirit seems to be awakened, which will not rest until ancient abuses are done away. In Great Britain, the aroused attention of the Imperial Parliament to this subject ; the wise and thorough inspection exercised by the great commission of Lunacy ; the honorable, though perhaps too indiscriminate and exclusive efforts to do away with personal restraints ; and, as a necessary concomitant, to elevate the class of those entrusted with the immediate care of the insane ; the growing, perhaps already decisive, manifestation of an intelligent public sentiment against committing those bereft of reason into the hands of uninspected and interested private individuals, are all

worthy of being observed, as presaging a better day for the insane of that country, and furnishing newer communities with means of avoiding the wrongs and difficulties which for ages appear especially to have there surrounded that unfortunate class.

"While so much has been done and is doing for the cure, the relief and the legal protection of the insane, may it not be hoped that the still more important subject of the prevention of the disease may awaken more attention than appears yet to have been awarded to it; that a more careful and philosophical cultivation of the intellect, the moral powers and the affections may guard the constitutionally predisposed from those ill-balanced conditions of mind and misproportions of character, which so often precede positive alienation, and that the education of the feelings, the temper, and self-control of the young may be so directed that physical disorder shall not so often find the reason ready for overthrow."

*State Lunatic Hospital, Worcester, Mass.* This is a State Institution, governed by a board of five trustees appointed by the Governor and Council. It was opened for patients in 1833. Total number of patients admitted since that time to Dec. 1st, 1844,—2013, of which number 916 have been discharged recovered, 151 died and 263 remain.

Dr. Samuel B. Woodward has had charge of this Institution since it was first opened and has conducted it in a manner highly creditable to himself and useful to the community. He has two Assistant Physicians, John R. Lee, M. D., and Rufus Woodward, M. D.

The establishment has recently been enlarged, and is now capable of accommodating 400 patients. We hope in a future number to be able to furnish our readers with a more detailed account of this excellent Hospital for the Insane.

The Reports of Dr. Woodward, now twelve in number, form of themselves an interesting and valuable work on Insanity. In the last he has given at considerable length his views respecting the medical treatment of the Insane, from

which we shall make long extracts, and we regret we have not room to present in full, the results of his great experience on this subject.

**BLEEDING.** "All agree that depletion by which I would be understood general bleeding and active cathartics, is not favorable in insanity, as it rarely affords more than temporary relief, and frequently produces marked injurious effects. When blood-letting has been employed freely and frequently in active mania, the only form of insanity in which it is commonly used to excess, if the excitement, for a short period, an hour or two, and sometimes a day or two, abates, it is generally renewed with increased violence, and under circumstances far less favorable for the benefit of other remedies. The indications for active depletion are usually the *effect* and not the *cause* of excitement, they grow out of the perpetual activity of the physical and mental powers, and are not the cause of it. By this course of remedies the strength and energy of the system is reduced, the nervous system is rendered more susceptible, and the actual violence of the symptoms is increased. The effect of great loss of blood is often to produce pain in the head, a sense of stricture, as if a fillet were tied around it tightly, ringing in the ears, and noises in the head which lead to false perceptions of sound and illusions liable to result in permanent insanity. It is said that animals which are bled to death have congestion of blood in the vessels of the head; the last rush of blood seems to be to this citadel of life. It is a fact also that I have noticed for many years, that affections of the heart are produced by excessive loss of blood in any way. An eminent practitioner of medicine once informed me, that when he had bled cases of severe and painful neuralgia, he had repeatedly found palsy of the side affected with the disease on his next visit.

"Free general bleeding is only useful in cases of antonic inflammation, such as pneumonia and phrenitis, with symptoms very unlike those attendant on insanity in any form.

"**CUPPING AND LEECHING.** The effect of local bleeding is more favorable, and may sometimes procure relief from dis-

treassing symptoms and afford an abatement of excitement that may give other remedies a better opportunity to produce good effects. But even local bleeding can rarely be relied upon to cure insanity. It is usually prescribed to procure present relief rather than with the expectation of permanent benefit. Where there is a redness of the eyes, great headache, and much heat and throbbing of the carotid and temporal arteries, it may not be amiss to use local depletion, while at the same time every effort should be made to promote the circulation of blood in the extremities, and the quantity of blood abstracted at one time should not be very great.

"In some cases I have seen great excitement followed by a state of apparent dementia, almost immediately on free blood letting. Some time ago, a female, aged about 50, came under my care in the most violent mania. The remedies prescribed for her had but little effect, and it was resolved to bleed her freely. Sixteen or eighteen ounces of blood were taken from her arm, she became dull almost immediately, and remained so for a long time before she gained activity of mind, after which her excitement became as bad as ever and other remedies finally relieved her.

"A vigorous, athletic man, aged 55, was subject to the most violent paroxysms of periodical insanity. He had been under my care repeatedly, and remedies had little effect in diminishing his excitement or abridging the length of his paroxysms. One day in the extreme of one of his excitements, he urged me to bleed him, and presented his arm for the purpose, held by the other hand so as to swell the veins to an inordinate size. I had him bled freely, principally to see what would be the effect of copious depletion in such a state of excitement. Within a few hours he seemed like an idiot, but the excitement was not essentially diminished. His mind was entirely *chaotic* for a number of days, the paroxysm was prolonged to an unusual extent, and its violence, on the whole, was not lessened.

"Some years ago, a ship-master came under my care, who had been bled about sixteen ounces, from twenty to



thirty times in the course of five or six weeks. He looked pale and bloodless, was tremulous and weak, but his excitement was not essentially abated. He afterwards recovered under different treatment, and has no return of disease.

"A patient is now under my care who was bled in the outset of disease, four or five pounds, at as many different times. His body appeared bloodless, and his mind chaotic in the extreme; he has become more quiet, but all our efforts have failed in removing his insanity."

**CATHARTICS.** Of cathartics, as such, he does not approve; but recommends alterative remedies and laxatives, Tincture of Rhubarb and Senna with Aromatics, Aloetics, Colocynth and Guaiacum. The Aromatic Tincture of Guaiacum prescribed so as to insure a laxative effect is his favorite remedy.

**EMETICS.** These he has not used extensively and thinks they have but little efficacy in relieving insanity.

**NARCOTICS.** These he considers the most useful class of remedies in active mania after the system is prepared for their use.

**MORPHINE.** "The remedies of this class most extensively useful are the Sulphate of Morphine and other similar preparations. The exact time, circumstances, and cases when these remedies can be applied with the greatest benefit, must depend upon the judgment and experience of the medical adviser. On this, doubtless, depends their greater utility in the hands of some men than of others, though many more cases, suitable for their use, may have fallen under the care of one man than of others who have management of institutions. Other practitioners have generally but a limited experience with them, as insanity, at the present day, is but little treated by medicine except in the institutions especially devoted to this class of patients."

"The Morphine should usually be administered in solution, beginning with greater or less doses, according to the

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"The Morphine should usually be administered in solution, beginning with greater or less doses, according to the

nature of the case, and the urgency of the symptoms. Moderate doses should generally be first tried, and they may be cautiously enlarged till the system is under their influence, and the excitement is controlled. The effects should be carefully watched, and if any unpleasant or unfavorable symptoms occur, the remedy must be changed, modified or combined, so that these effects may be obviated. In a large majority of the cases no such effects will occur. When its effect is favorable, it exercises a controlling influence over the symptoms, and the patient becomes more quiet, rational and natural in every respect. These effects, once gained, can in most cases be maintained till the recovery is complete. Sometimes symptoms occur which require that the remedy be increased, but more generally it can be cautiously diminished, and after a time be withdrawn, and the system suffer no inconvenience, and the insanity proved to be cured. The time that this remedy should be used varies, in different cases, from a few weeks to many months.

"In the few cases in which it is necessary to administer narcotics, in large doses to produce the most decided impressions, the tincture of opium is better than the salts, but generally the salts are more safe and agreeable in their effects.

"In some cases, the Dover's powder is the best form in which this remedy can be administered, especially in the early periods of disease, when the skin is inclined to increased temperature and unnatural dryness.

"For twelve years this remedy has been extensively used in this institution, with the most marked success.

"The manner in which the Morphine has been used in this and other Hospitals in this country, continuing it till the symptoms have subsided, then omitting and seeing them return, then again and again removed by the renewal of the medicine, affords unequivocal evidence of its power to subdue maniacal excitements, relieve the delusions of the insane, and restore the brain and nervous system to a sound and healthy state.

"It is rare that any benefit arises from single doses of opiates at night to produce sleep, unless the system is kept under the influence of them the whole time. In the most violent forms of disease, the doses should be repeated once in four or six hours. The medicine failed to gain any permanent credit while it was only prescribed at night, in large doses for the purpose of procuring sleep.

"It is important to know, in this connection, the symptoms which contra indicate the use of this class of remedies.—When the skin is hot and dry, the tongue covered with a white fur, or dry, smooth and red, the bowels obstinately constipated, the pupil of the eye greatly contracted, and the vessels of the conjunctiva injected with blood, the symptoms must be changed before the Morphine can be used with safety or advantage. With the dry, red, smooth tongue, which attends comparatively few cases, the use of opiates is generally unfavorable, but the other symptoms, above enumerated, can commonly be removed, or so far obviated, in a few days, as to make them unexceptionable.

"I have spoken thus far only of the use of the Morphine in maniacal excitement. In some forms of melancholy, especially where there is great mental anguish, and strong suicidal propensity, its operation is equally beneficial, often procuring relief in a short time, and carrying the patient along most favorably to health. In this form of disease, it is rarely necessary to use the remedy in large doses, but whatever is prescribed should be at regular intervals, from three to six times in the twenty-four hours."

*Datura Stramonium*, in ordinary cases has not proved successful but has proved highly beneficial in some cases of insanity connected with epilepsy. *Conium Maculatum* he considers a valuable remedy, especially in cases of melancholy, complicated with diseases of the stomach and torpor of the liver. The minimum dose is ten grains of the extract three times a day. The maximum dose two to four drachms as often.



CAMPHOR, HYOSCYAMUS, NUX VOMICA, BELLADONNA, and VERATRINE, he thinks may be useful in some cases, but not generally useful. From the use of Castor, Valerian assafoetida, and other nervines he has seen very little benefit. Counter Irritation, Blisters, Setons and Issues he rarely prescribes unless in cases of repelled eruption or the drying up of old ulcers.

TONICS AND BATHS. "There are many cases of insanity benefitted by the use of Tonics. In acute mania, after the first excitement is over, tonics are often indicated, and not unfrequently may be used with propriety very early in the disease. In many such cases, the great excitement exhausts the vital principle rapidly, and the patient is found enfeebled while considerable excitement exists. In such cases, Quinine, Bark, Aromatics, and often, wine, and other stimulants are beneficial, used at the same time with narcotics.

"In cases of melancholy, the use of tonics, in some form, is more frequently indicated than in mania. In melancholy the powers of life often flag, the digestive organs suffer from debility, and tonics are the principle reliance for a cure.—Iron, Bark, Nitrate of Silver, Sulphate of Zinc, with vegetable bitters and aromatics, are found useful remedies in this form of insanity. The combination of tonics and narcotics is often successful in melancholy. The extract of Conium, with the red oxyd of Iron and some aromatics, is a useful medicine, as is also the Nitrate of Silver, with Nux Vomica, and extract of Hyoscyamus, Capsicum, &c. Quinine, Bark, &c., are more generally indicated in the more acute forms of disease, while Iron, Silver, Zinc and the vegetable bitters do better in the chronic forms.

"In many cases of insanity connected with chronic diseases, the main object is to restore the health, as soon as this is re-established the mind improves, and not unfrequently this improvement is in strict accordance with improved health. In all cases of insanity the health should be made as perfect as possible, but in chronic cases, the principal reliance for recovery of the mental malady is on the restoration

of good health. There are many cases of chronic insanity benefitted by narcotics, and some are cured which have long been considered hopeless.

"I have often seen chronic insanity, which for a long time had been a source of wretchedness, and which had annoyed all who had come within the circle of its acquaintance, relieved by the use of Morphine, and the person afflicted, made pleasant, healthful, useful and agreeable, changing the whole character while the medicine was in use, and sometimes effecting a cure. But in many cases the symptoms return, to a greater or less extent, when the remedy is withdrawn. Permanent benefit is often gained in such cases by the combined influence of narcotics and tonics. Narcotics relieve the irritation of the system, and tonics restore the strength. In this form of disease, medical men often fail, for want of perseverance with remedies, which, if continued for a long time, frequently affect cures, when for a few months only, they make very little impression."

"**BATHS.** The warm and cold baths are remedies of more general application than perhaps any others in institutions for the insane. The warm bath is often useful in acute mania, when the patient is continued in it for some time, and when it is renewed frequently on the occurrence of excitement. It is also beneficial to cases of melancholy and chronic insanity, in which the functions of the skin are performed in an unhealthy manner, or when the surface is cold and dry.

"Local bathing, as the application of cold water to the head, and warm water or stimulant baths to the feet, is an important adjuvant to the treatment of insanity. Cold applied to the head and warmth to the feet frequently gives relief where the blood inclines to circulate unequally, so that the head is hot and painful, and the feet and other extremities cold."

*Boston Lunatic Hospital, South Boston, Massachusetts.*  
Opened in 1839. It is the Insane Department of the Boston

Alms House. C. H. Stedman, M. D., is the Medical Superintendent. Present number of patients, 108.

RHODE ISLAND.

*Butler Hospital for the Insane*, Providence. For particulars of this establishment now erecting, see the second Article of this Journal.

CONNECTICUT.

*Retreat for the Insane*, Hartford, opened in 1824. This Institution was established in 1824, upon the suggestion of the Medical Society of the State of Connecticut. About three thousand citizens of Connecticut with a few from other of the New England States, subscribed and paid from 12½ cents to \$300, each, and thus raised a fund of \$20,000, which with \$5,000 given by the State, and all the disposable funds of the State Medical Society, about \$600, was sufficient to purchase 17 acres of land with a house for the physician, and to erect and furnish buildings to accommodate 50 patients and the Steward and his family. Soon after the State granted a Lottery to aid the Retreat and which was disposed of for \$40,000. Of this sum \$10,000 were used to erect additional buildings for the accommodation of 40 more patients; the remainder constitutes a perpetual fund, the interest of which is appropriated to defray the annual expenses of the Institution. Since then the Institution has been materially aided by donations from individuals and by the State, and has recently been enlarged so that it now has accommodations for about two hundred patients.

Dr. Eli Todd was the first Medical Superintendent. After his death in 1833, Dr. Silas Fuller was appointed. On his resignation in 1839, Dr. Amariah Brigham was elected Superintendent, which situation he held until he removed to Utica, in Oct. 1842, to take charge of the N. Y. State Lunatic Asylum. The present Superintendent, Dr. John S. Butler was appointed his successor and zealously devotes himself to promote the welfare of those committed to his care.

The Retreat is beautifully situated, and has ever held a high rank among the Institutions for the Insane, and is now in a prosperous condition.

From the last Report we learn that since the opening of the Institution 1432 patients have been admitted, of which number 791 have recovered, and 103 died. The present number of inmates is 105.

From the Report of the Chaplain, the Rev. T. H. Gallaudet, we make the following extracts :

"To guard against relapse also, it ought never to be forgotten, is a prominent feature of complete success in the cure of the insane.

"Self-control; prudence in observing the rules of health; watchfulness in avoiding those kinds and degrees of excitement which tend to produce a relapse; calm and equable feelings; just views of life; a conscientious performance of duty; regular, useful, and encouraging employment; cheerful resolution and hope; and, above all, steady moral and religious principle,—these should be cultivated with the most assiduous care, as they constitute the strongest security against the return of the distressing malady. That Institution which can best succeed in furnishing its cured and discharged patients with these elements of security, has attained one of the highest ends, if not the very highest, to be aimed at in this department of benevolent effort.

"To do this, the whole man must be put right, or as near right as can be. Not only medical, but moral and religious influences must be brought to bear upon him; or else, he will be healed but in part, and subsequent irregularity, or even deficiency, in the working of one portion of his system, may again derange other portions, and the old, or some new form, perhaps, of mental aberration be the result."

These we consider valuable suggestions. We have long felt and taught that "we had not done a patient all the good we ought by curing him of one attack, but that we should endeavor so to instruct him that he may prevent another—that we believed in man's power over himself to prevent and control insanity in many instances."

But to accomplish this, men need instruction—especially all those predisposed to insanity—and we know of no one better calculated to aid in enlightening all such on this important subject than the distinguished Chaplain to the Retreat—and we indulge the hope that he will prepare a work on the topics to which he has alluded, embracing also those errors in education and in the moral training of children and youth, likely to dispose them to violent emotions and ultimately to insanity. Such a work is much needed and would we believe be of great utility.

In our next number we hope to conclude our notice of the Lunatic Asylums in the United States, and to particularize excellencies and defects, in order to afford something of a guide to those whose duty it may become hereafter to locate, erect, and organize Asylums for the Insane.

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## ARTICLE V.

### SELECTED CASES.

#### CASE I.

Translated for the Journal of Insanity, from the Gazette des Tribunaux of May 9, 1845—by T. R. Beck, M. D., of Albany, N. Y.

On visiting some years since, the private Medical Asylum of Dr. Clarke, near London, we noticed amongst a number of boarders, an old man aged about sixty years, and a youth apparently about sixteen or eighteen. Their dark skin, black eyes, and heavy eyebrows indicated a far southern origin. To Dr. Clarke only, were their names known, yet all paid them the utmost deference and attention. The boy was afflicted with that form of insanity, which is denominated *Lypemania*, (Insanity caused by grief.) During several hours, every day, his eyes were sadly fixed with an intense gaze on one spot, following apparently the bloody details of an execution. At times, he murmured "Mercy," and then fell fainting into the arms of the old man, who never left him and who had watched with stern sedateness the successive stages of this daily paroxysm.



When consciousness returned, the youth was in full possession of his reason. But no one could listen to his dry and hacking cough, or notice his emaciation and the circumscribed spots of red on his cheeks, without fearing, that before long, death from consumption or complete insanity, would be the sad result.

At this establishment, all the patients dine at one common table. A new guest appeared one day, who excited the vivid curiosity of all the guests. He was tall, thin and long, dark colored and wore the decorations of the Portuguese Orders of Christ and of the Sword.

The old man gazed at him with a look of extraordinary surprise; his countenance habitually livid, became still darker, and it was with no little difficulty, that he was able to ask his neighbor who the new comer was. "It is a Portuguese nobleman, the Duke de Ribeiro, he arrived yesterday, and is said to be afflicted with an aneurism." On hearing these words, the young man, rousing himself from his stupor, suddenly snatched a knife from the table, and with a single bound rushed on the stranger, who appalled by this sudden attack, jumped back in affright to the wall. But the strength of the youth was not sufficient to accomplish his object, the knife fell from his hands, a bloody froth issued from his mouth and he sank fainting to the ground.

The old man raised the head of his dying boy, felt in vain for the pulsations of the heart, and then rising like a spectre, seized the arm of the stranger and in the low accents of hate and despair, exclaimed, "*Wretch, you must have a second victim!*"

In 1807, Napoleon proclaimed, that the house of Braganza had ceased to reign. John VI. seeing himself placed between an invading French army and an English fleet blockading Lisbon, decided on abandoning his country and passing to Brazil. His emigration was the fruitful source of political changes. At last, a revolution broke out, and on the 20th of August, 1820, the Constitution of the Spanish cortes was proclaimed.

John learned the news with consternation, but encouraged by his courtiers and allies, he left Rio Janeiro after an exile of thirteen years, and returned to Portugal. The inconstant populace rallied around him and a counter revolution was affected in 1823. The authors of the Constitution were banished and many of their adherents shot. The Marquis D'Oliviera had been one of the members of the constitutional government. His patriotism and integrity were acknowledged even by his enemies and through these, he escaped the dangers of the royalist reaction. He went into retirement with his wife and his two sons, and carrying out the opinions of his public life, educated the latter in those principles which in the end proved to be the cause of their early deaths.

Jacinto, the eldest, entered the University of Coimbra. Here constitutional doctrines had numerous proselytes. These young republicans associated themselves with masonic societies, *endoctrinated* several regimates and finally rose in arms, with the cry of *Vive la Constitution*. The authorities of Coimbra were deposed, and several individuals of note hung at the gate of the University. Fierce with success, they marched on Oporto. Jacinto by his rare intrepidity and the earnestness of his opinions, although scarcely seventeen, became one of the principal leaders. They fought bravely, but unsuccessfully. The revolters were cut to pieces, and nineteen alone (among whom was Jacinto) escaped as prisoners to the royalist troops.

John VI. was a man of cultivated mind and mild temper. His queen, Carlota Joaquina DeBourbon, on the contrary, possessed masculine energies and cultivated bitter resentments. She controlled the government of her husband. As a daughter of Charles the Fourth of Spain and Maria Louisa of Parma, she despised him as a feeble shoot of the obscure house of Braganza; as a wife she never forgave him for saying in the presence of the Diplomatic Corps, after the birth of Don Miguel, that he was not the father, and were it not for the scandal of the crown, he would not acknowledge this child as his son.

An extraordinary Commission was received for the trial of the prisoners, and at its head was placed the Duke de Ribeiro, a special favourite of the Queen. Between the houses of Ribeiro and Oliviera, there was a hereditary feud. One of the latter had in the 17th century, during a drunken bout, killed a Ribeiro. From that time forward, they had always been at enmity, and the President of the Commission could not conceal his satisfaction that the eldest son of his enemy was now a criminal before him. Jacinto and three of his comrades were condemned to be shot, nine were to be transported and the rest confined from five to ten years in prison.

On hearing this sentence, the Marquis D'Oliveira hurried to Lisbon, with his second son Manuel, scarcely thirteen years old, beautiful, mild and timid. His own entreaties, he knew, would be in vain, but he hoped that the tears of a child might move the Queen.

One morning, when coming out of the chapel where she had been attending mass, Manuel fell silently on his knees before her. When she inquired who he was, he replied, "Mercy, madam, mercy for my brother, the oldest son of the Marquis D'Oliviera, who is condemned to death." Carlota looked at him with surprise, while the Duke, hearing the name of his hated enemy, whispered to her, "It is an inexorable necessity." "How old is your brother?" said the queen. "He will be seventeen on the 15th of August." "So much the better," she replied, removing the hand of Manuel which mechanically had grasped the skirt of her robe, "he will go more quickly to heaven." This reply is an historical truth.

Not contented with the infliction of punishment, but to extinguish if possible, every spark of revolt, young Manuel was ordered to attend the execution of his brother. Jacinto passed on foot from prison, through populous streets, with a firm step and placid demeanor. His brother followed, with fixed and haggard eyes and a quivering frame, supported on the crossed muskets of four soldiers. When the moment arrived, Jacinto refused to have his eyes bandaged. He was shot, and with the sound of the firing, Manuel raised himself

suddenly, gazed with frightful curiosity on the dead body of his brother, and then mingling shouts of laughter, with his tears and pointing to the corpse with his finger, he was insane.

The Marchioness from whom all this tragedy of horrors had been concealed until this time, sunk in a month after the death of Jacinto. The Marquis having now but a solitary duty to perform, left Portugal to seek medical aid for his child.

He visited Germany and consulted the most eminent physicians; France, and while in it, sojourned for several months in the *maison de Sante*, of Dr. Blanche. Finally he came to England, and there occurred the termination which we have related. A Monumental Stone, near Bethlem Hospital, on which the Marquis caused to be engraved the single word, *Hope*, is the only memorial of Manuel.

The mother of Don Miguel died calmly at the Chateau De Bemposta on the 7th of February, 1830.

#### CASE II.

The following very interesting and instructive case from Dr. Wigan's work on the Duality of the Mind, was we believe first published in the "*Illuminated Magazine*," and was regarded by some as a fictitious story; but Dr. Wigan states that he knew the parties, and can vouch for the general accuracy of the narrative.—*Editor of Journal Insanity.*

A gentleman engaged in the higher departments of trade—a good man, and an affectionate parent—had two sons, who at the time I begin their history, were respectively of the ages of five and ten. The attachment between them was so remarkable as to be the common topic of conversation among their friends and acquaintance. The children were together; and to see them walk round the garden, with the arm of the elder round the neck of the younger, while the other who could not reach his neck, endeavored to clasp his waist—with their long auburn hair, in the fashion of the day, hanging down in ringlets, and as the elder stooped to kiss his little brother covering his face, those who had seen them thus occupied, their lovely features beaming with affection, would have said, that nothing on earth could give a more vivid idea of angels.

The children when separated for a few hours were miserable; and when the time arrived for sending the elder to school, it was a subject of serious reflection with the parents and friends, whether so intense an affection should be checked or encouraged: the former was decided on, and the elder was sent to a distance.

Both children were so exceedingly unhappy, that sleepless nights, loss of appetite, incessant weeping, and rapid wasting of body, made every one fearful of the consequences of prolonging the absence, and they were brought together again. Those who witnessed the tumultuous joy of their meeting, describe it as inexpressibly affecting. They soon recovered their health and spirits, and their mutual affection seemed if possible to be increased by their temporary separation.

The experiment, after a while, was again made, with similar results; and it was decided never to risk another.

An arrangement was now entered into with a school-master to receive both boys, although contrary to the regulations of his establishment, which professed to admit none under ten years of age.

The two boys kept themselves almost entirely aloof from all the rest; the elder helped the younger in his education, watched him with a kind of parental solicitude, kept a vigilant eye upon the character of boys who sought his society, and admitted none to intimacy with his brother of whom he did not entirely approve. The slightest hint of his wish sufficed with the younger, who would almost as soon have contemplated deliberately breaking the Commandments, as opposing his wishes in the slightest degree.

Both made rapid progress in their education, and their parents' hearts were filled with thankfulness for the blessing.

In the midst of this happiness, news arrived from the school-master that, from some unexplained cause, the elder boy had begun to exercise a very unreasonable and tyrannical authority over the younger; that he had been repeatedly punished for it; but although he always promised amendment, and could assign no cause, reasonable or unreasonable, for his conduct



he soon relapsed into his usual habits, and the schoolmaster requested to know what was to be done. The father immediately sent for both boys, and entered upon a lengthy investigation. The little one was almost heart-broken, and exclaimed, "He might beat me every day if he would but love me; but he hates me, and I shall never be happy again."

The elder could assign no reason for his animosity and ill-treatment: and the father, after many remonstrances, thought it right to inflict on him very severe corporeal chastisement, and confined him to his room for some days with nothing but bread and water. The lad on his liberation gave solemn promises of altered conduct, but shewed little affection for his brother, although the latter used a thousand innocent stratagems to inspire him with tenderness. They returned to school. In a few days similar scenes and worse occurred; the boy was again and again punished by the master, again and again promised amendment, but in vain, and he was at last taken away from school by his father.

A repetition of severe punishment, long incarceration, and a rejection by all his relatives, had no effect in changing his disposition; his dislike to his brother became fixed animosity, and from animosity degenerated into the most deadly hatred: he made an attempt on the child's life; and if he saw him pass an open door, would throw a carving-knife at him with all the fury of a maniac.

The family now resorted to medical advice, and years passed in hopeless endeavours to remove a disposition obviously depending on a diseased brain. Had they taken this step earlier, these floggings and imprisonments would have been spared, as well as the heart-sickening remorse of the father.

Still the boy was not insane: on every topic but one he was reasonable, but torpid; it was only by the sight of his brother, or the sound of his name, that he was aroused to madness. The youth now advanced towards manhood. When about the age of fifteen he was taken with a violent but Platonic passion for a lady more than forty years of age.

and the mother of five children, the eldest older than himself. His paroxysms of fury now became frightful; he made several attempts to destroy himself; but in the very torrent and whirlwind of his rage, if this lady would allow him to sit at her feet and lay his head on her knee, he would burst into tears and go off into a sound sleep, wake up perfectly calm and composed, and looking up into her face with lack-lustre eye, would say, "Pity me; I can't help it."

Soon after this period he began to squint, and was rapidly passing into hopeless idiocy, when it was proposed by Mr. Cline to apply the trephine, and take away a piece of bone from the skull, in a place where there appeared to be a slight depression. "The indication is very vague," said he, "and we should not be justified in performing the operation but in a case in which we cannot do any harm; he must otherwise soon fall a sacrifice."

It was done, and from the under surface grew a long spicula of bone piercing the brain! He recovered, resumed his attachment to his brother, and became indifferent to the lady.

The disease which led to these terrible results had its origin in a blow on the head with the end of a round ruler—one of the gentle reprimands then so common with schoolmasters.

#### CASES III AND IV.

DOUBLE CONSCIOUSNESS.—From the Fifth Annual Report of the Crichton Royal Institution for Lunatics—by W. A. F. Browne, M. D., Dumfries, Scotland, 1844.

A. B. conceives that he is himself and another person at the same time; he acts as if this belief were sincere, and cannot divest himself of the conviction that in his own body are two minds or persons suggesting courses of conduct wisely opposed. He is certain that his original self, A. B., is a base abandoned scoundrel, tempting his other, or new, or better self, to whom it should be noted is attached the emphatic *Ego*, to commit crimes or acts of which he altogether disapproves. The second person of this duality repels, stug-

gles with these abominable solicitations, such as that he should commit suicide, and loathes the tempter or first person. This struggle sometimes becomes real and visible, when the hands, acting under the will of No. 1, or the virtuous and opposing impulse, beat and bruise the legs, body, or head, which, it may be presumed, are supposed to belong to No. 2, the vicious or tempting impulse. The object of one is obviously to inflict pain upon the other. The blows are so severe as to leave marks for days, and when these are adverted to, the answer, is, as if from No. 2, "Don't justify him, he deserved it." Such conflicts generally occur during the night; the delusion appears to be the strongest at the time of awakening, and the interference of the Night Watch is required to part or pacify the combatants. The mind appears on these occasions to be so pre-occupied by the delusion, as to confound the sensations communicated by these blows and to refer them to the body of another. In conversation with those around, A. B. speaks at one time as No. 1, at another as No. 2.

In the Second Case, the mind appears clear and coherent during the day, but insane or unsettled during the night, and when the patient is in a horizontal position. The healthy perceptions recognise the morbid ideas or dreams, for such it is probable they are, as appertaining to another state of being, and that they are the result of insanity. The patient is of cultivated mind, and able to analyse and describe his own feelings. He believes that he has two natures. For twelve hours he can laugh at the delusions of his companions and at his own; but during the night he supposes himself to be in a state of complete mesmerism; that he is mad and has the delusions of all the persons in the same gallery concentrated in himself; and that he is under the influence of supernatural power, which rules all his thoughts and actions, fills his mind with visions of the past and future, and enables him to accompany the Night Watch in his rounds, and to perform many inexplicable deeds, which are either repetitions of what he has done, or prefigure what he is still destined to do. He,

the sane man, emphatically declares these to be the hallucinations of an insane man, who is himself, and yet different. Both of these manifestations of disease may be attributed to the abstruse but vain philosophical inquiries of the mind while in health.

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## ARTICLE VI.

### PROGRESS OF THE PERIODICAL LITERATURE OF LUNATIC ASYLUMS.

So far as we have knowledge, the first newspaper ever issued from a Lunatic Asylum and conducted by the inmates, was the "*Retreat Gazette*," published at Hartford, Connecticut, in 1837. The first number was issued in August of that year. It was edited solely by a patient, who had however been an editor of a paper before he became insane. After his recovery and removal from the Retreat, the Gazette was discontinued. Other patients of the Retreat contributed to it. The following effusion we select from the second number.

#### TO THE ASSISTANT MATRON.

My dear Miss —, although it be dark,  
I cannot refrain from striking a spark  
Of grateful emotion—true heart-felt devotion  
To you for your kindness,  
In mending and starching my collars and shirts.  
You are not like flirts,  
In both town and city,  
Who vainly attempt to make themselves pretty,  
By spending their time and their parents' money  
In decking their persons out so funny,  
That men of sense take them to be fools,  
That ought to be kept in their mothers' schools,  
Until they fear what a young miss dreads—  
That they shall live to be lonely old maids.

But, truly you've done up my clothes so neat,  
When I put them on they look so complete,  
That I fancy my wife must have handled them over.  
But no—they've been done up by one,  
Who, though not *now* a wife,  
Yet I'll bet my gray hairs against a jack knife,  
That she'd make one as good, as neat and as true,  
As ever blest man, in the old world or new.

To this succeeded the "Asylum Journal," published by the inmates of the Vermont Asylum, at Brattleboro'. The first number was published, November 1, 1842. For a considerable time it was issued once a week, and now once a month. It is an interesting paper, and has we believe an extensive circulation.

Quite recently a newspaper has been started by the inmates of the Crichton Royal Institution for Lunatics, Dumfries, Scotland. It is entitled "*The New Moon or Crichton Royal Institution Register*," and has for its motto,

"Hail! awful madness, Hail!  
Nor best nor wisest are exempt from thee,  
Folly—Folly's only Free."—PENROSE.

It is edited, composed and corrected, exclusively by inmates. From the second number dated January 3d, 1845, we select the following

SONNET.

"Do thou with method tranquilize my mind;  
The perfect harmony of form infuse  
Into me, as to Thee I meekly pray—  
So that men looking on me well may say,  
The gift of life he doth not now abuse,  
Over his soul religion holdeth sway.  
My spirit weeps the oft-neglected chance  
Of many a bright employ, if strength had been  
Exerted kindly, as 'twas kindly given;  
And many a weeping figure now presents



Itself with this—Oh, take a thought and mend !  
 Neglected counsel comes hard home to me ;  
 Departed chance, I deeply sigh for thee—  
 Yet, fettered tho' I am, my thoughts fly up to Heaven."

CRICHTON INSTITUTION, Oct. 16th, 1843.

Until within a few years, there was no Journal exclusively devoted to the subject of Insanity. Now there are three, viz : one at Paris, The "*Annales Medico Psychologiques*," another published at Berlin, and our own. Probably others will soon arise to meet the public demand for information, relating to disorders of the mind.

That such a Journal has not before this been published in England, is, as the Medico Chirurgical Review observes, rather a "wonder."

On this subject, the editor of the Review says, "BROTHER JONATHAN" is, assuredly, "going a-head" in physic as well as in commerce, and all the various branches of art, science and literature. Free, or at least democratic institutions, have a general tendency to liberate the mind from the shackles and forms imposed on it by despotic governments; as may be seen in a comparison of China with Great Britain. But as America is still more democratic than England, so, in the former, there is greater propensity to spurn the boundaries within which the current of thought, invention and speculation runs in the "old world." The "JOURNAL OF INSANITY" conveys a new idea; and the wonder is, that it never struck the encephalon of John Bull, who is not a little prone to this terrible malady, and who expends many millions annually on institutions for its reception and treatment."

## BIBLIOGRAPHICAL NOTICES.

1. *A Manual of Medical Jurisprudence*, by ALFRED S. TAYLOR, Lecturer on Medical Jurisprudence and Chemistry, in Guy's Hospital; 18mo., London, 1844.
2. *Medical Jurisprudence*, by ALFRED S. TAYLOR, Lecturer, &c.; edited with notes and additions by R. Eggesfield Griffiths, M. D.; 8vo., Philadelphia, 1845.
3. *Principles of Forensic Medicine*, by WILLIAM A. GUY, M. B. Cantab. Professor of Forensic Medicine, King's College, London, &c.; 18mo., London, 1844.
4. *The latest and best work on Forensic Medicine*. Principles of Medical Jurisprudence, with so much of Anatomy, Physiology, Pathology and the Practice of Medicine and Surgery, as are essential to be known by Lawyers, Magistrates, Coroners, Officers of the Army and Navy, &c., by WILLIAM A. GUY, M. B., Cantab Professor of Forensic Medicine, King's College, London, &c.; first American Edition, edited by CHARLES A. LEE, M. D., who has added 200 pages of original matter, adapting the work to the wants of the Medical and Legal Professions in the United States; 8vo.; New York, 1845.

We have recited the title pages of the above works, as given in their original editions, and as republished in this country. And with every allowance for the license that is usually granted to editors, we cannot but express our disapprobation at the additions made in the last on our list. Certainly they must prove disagreeable to the author, if he has a spark of genuine modesty, whilst the blunder of making him a *Cantab* Professor of Forensic Medicine cannot fail, if it be noticed in England, to bring upon us a shower of ridicule.

Our object in noticing these works, is of course not to consider the whole of their contents. This would be inappropriate to the plan of the Journal. But we have thought that it might be useful to analyze the observations of Mr. Taylor and Dr. Guy on the subject of Insanity, and to inquire what they have added to our knowledge of it, in the department which they profess to teach. Certainly there can be none of greater importance in the administration of justice. From every civilized country, we hear the invo-

cation of the philanthropist, and the lover of social order to establish the line between crime and delusion. The medical witness, too, has absolutely greater power in deciding the fate of an accused person in this matter than in any other, on which he is professionally consulted. It would certainly seem proper in works offered as guides as well to the medical as the legal profession, that an accumulation of all that is known should be presented, fortified by authority, and supported by argument. Discretion might teach that it is the amount of well founded experience that must ultimately prevail, and not the bare statement of an individual, unsupported by any consideration except what he derives (often unacknowledged) from others.

The subject in question, is opened by Mr. Taylor in the 63d chapter of the English, and the 62th chapter of the American edition. The heading is as follows. "*Unsoundness of Mind; Forms of Insanity.*" The selection of the first of these terms as a general one is unfortunate. *Unsoundness of Mind* is now used in the English law, and even in our American Statute Books, as expressive of a particular *form* of insanity, or rather of mental alienation.

The law of England, he proceeds to observe, recognizes two states of mental disorder or alienation. *Dementia Naturalis* or Idiocy, and *Dementia Adventitia*, signifying general insanity, as it exists in individuals who have once possessed reasoning powers. To this state, the term Lunacy is also applied, and it includes what medical men at the present day arrange under the names of mania, monomania and dementia, and which are generally accompanied by lucid intervals.

The main character of insanity, in a legal view is said to be the existence of a delusion, but of the term "unsound mind," Mr. Taylor deems it impossible to give a consistent definition, mainly because the test for it in law, has "no immediate reference to the mere existence of delusion, so much as to proof of incapacity in the person, from some morbid condition of intellect, to manage his affairs." This

is evidently retrograding in our advance to precision in the use of the term. It is well known that in the time of Lord Hardwicke, *unsoundness of mind* was a synonyme of insanity. It was employed under its ordinary acceptation, distinct from any technical meaning. Lord Eldon, however, understood by it a particular state of mind, distinct alike from insanity and from idiocy, and yet such as to warrant the committal of the individual laboring under it, and also his property to a guardian. Certainly the course of decisions, and the opinion of commentators, all tend to prove that by it is to be understood a degree of *imbecility, amounting to an inability to manage one's affairs*. If it does not mean this, of course it will be difficult to give it any other, but can it be proper to leave so important a term, and now so much employed undefined, and without some effort to fix its true sense?

There is a secondary advantage in insisting on this or a similar definition, viz: that it partially diminishes the prominence given to the idea, that delusion *constitutes the essence of insanity*. There are some individuals in whom the cause of insanity cannot be traced back farther than to intense sorrow, fear, brooding over misfortunes—all of which have had a real existence; there are others, in whom we have every reason to suppose that the delusion is present in the mind, but it is concealed from the eye of the keenest observer.

We have dwelt the longer on this branch of the subject, because we feel the urgent necessity of assimilating the language of the lawyer and the physician in their investigations and in their decisions. Unless each fully understands and appreciates the other, and in particular in the use of so important a matter as the various forms of insanity, we must hope in vain for improvement.

Our author next notices the divisions of insanity, commonly adopted by medical jurists, viz: into mania, monomania, dementia and idiocy, but throws a strong shade of doubt over it, by remarking that it is purely artificial. No

reason is assigned for this, and it is far too strong a phrase to employ, concerning a classification proposed by Esquirol, and sanctioned by a host of subsequent observers.

Brief notices follow of the characteristics of each of these forms. Under the head of mania, an attempt is made to discriminate between Hallucinations and Illusions. "Hallucinations are those sensations which are supposed by the patient to be produced by external impressions, although no material objects act upon the senses at the time. Illusions are sensations produced by the false perception of objects. (Marc.) When a man fancies he hears voices while there is a profound silence, he labors under a hallucination, when another imagines that his ordinary food has an earthy or metallic taste, this is an illusion. Illusions sometimes arise from internal sensations." Either the examples here given are not very happy, or the distinction attempted to be established is almost without a difference. In one case, the organ of hearing is disordered, in the other, that of the taste. So far they are similar; and again hallucinations as well as illusions, may certainly arise from internal sensations. It would probably be best to drop one of these terms, as useless or unnecessary, in our ordinary descriptions of the phenomena of insanity, unless we can establish a more rigorous distinction as to their causes.

Monomania is described without any novelty, except that Mr. Taylor remarks, and very properly, that it is not to be supposed that a man is insane upon one point only, and sane upon all other matters. "The only admissible view of this disorder is that which was taken by Lord Lyndhurst, in one of his judgments. In monomania, the mind is unsound, not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular person or object."

On the subject of "*Moral Insanity*," the stumbling block of the present day, Mr. Taylor takes conservative ground. "It is however very doubtful, (he observes,) whether moral insanity *ever exists* in any individual without greater or less



disturbance of the intellectual faculties. The mental powers are rarely disordered without the moral feelings partaking of the disorder, and conversely it is not to be expected that the moral feelings should become to any extent perverted, without affecting the intellect. The intellectual disturbance may be difficult of detection, but in every case of true insanity, there is no doubt that it exists, and it appears to me that it would be a *dangerous rule to pronounce a man insane where it does not obviously exist.*" We shall hereafter see how far he practically carries out these views.

The usual statements are given as to *Dementia* and *Idiocy*.

The hereditary transmission of insanity is next considered, and the frequency of its occurrence and the importance of adducing proof of it in many medico-legal cases is properly insisted upon. But he adds, that according to Chitty, (Med. Jurisprudence, 1, p. 352, incorrectly 355 in the American edition,) "it is an established rule of law that proof that other members of the same family have decidedly been insane, is not admissible either in civil or criminal law." Can this be possible? Is the law such? Mr. Chitty wrote in 1834. May not its provisions have been since modified, and should not Mr. Taylor, residing as he does, at the well-spring of law, have enquired into this? At all events, we have the following recent case reported in the third volume of Curteis' Ecclesiastical Reports. (*Frere v. Peacocke.*)

Sir Thomas Apreece died in December, 1842. His sister opposed the probate of his will and testament, on the ground that he had not been of sound mind when making it, and in proof of this offered to show that one of his uncles and two of the natural sons of another uncle were or had been in confinement as lunatics. Sir Herbert Jenner (the Judge) considered that this was going too far—to bring in the natural children of an uncle of the deceased—but he says expressly, that in *Tyrrel v. Jenner*, the party whose insanity was pleaded, was a sister of the whole blood, and immediately and inseparably connected with the testator, and that therefore the proof was allowed, and he intimates very dis-

tinctly, that he would admit in this case the proof of the insanity of a brother of the deceased.

On the subject of Feigned Insanity, we have the usual direction for its detection. "In an imposter, no act indicative of insanity can be adduced for any previous period of his life, it is only after the perpetration of a crime and its detection, that any acts approaching to insane habits will be met with." Still it is possible, (adds Mr. Taylor,) that the actual commission of a crime has suddenly led to an attack of mania in a previously sane person. Dr. Pagan has related a very singular instance of this kind.

"Two men were committed to prison on a charge of theft and the officers requested a poor man who was a shoemaker to assist them in conveying the prisoners. This man took a gun with him for better security. During the journey, one of the prisoners leaped from the cart and ran off. The officers called to their assistant to fire, and he thinking himself warranted to do so, fired and wounded the prisoner severely in the back and loins. The man who fired the gun was himself immediately committed to jail as a criminal, and the event made such an impression upon him, that he became violently maniacal. When scarcely recovered, he was tried for the offence, and it was supposed that he was feigning insanity. He was convicted and sentenced to six months imprisonment."

The difficulty with this interesting case is, that it is inapplicable to the purpose for which Mr. Taylor offers it. It *was not in its inception morally a crime.* The poor man supposed that he was doing his duty, when in obedience to the direction of the law officers, he fired on the fugitive. This is very evident from the more extended narrative of Dr. Pagan, (*Medical Jurisprudence of Insanity*, page 82.) and certainly there is no cause more probable for this sudden attack, than his finding, that what he supposed was a lawful action, was now declared to be a criminal one, and that he must be incarcerated and would hereafter be punished.

The next chapter treats of *Restraint, Interdiction* and *Lucid Intervals*. Under what circumstances, should an individual be put under restraint? If we discover that he labors under a delusion, it is then our business to discover how far he may endanger the well being of himself and his friends. If this is not probable, careful and judicious superintendence will answer all the purposes of the closest restraint. But Mr. Taylor subjoins. "If a remarkable change has taken place in the character of the patient, if he has become irritable, outrageous, or threatened personal violence to any one, or if he has recklessly endangered the interests of himself and his family, he is undoubtedly a fit subject for restraint."

The greatest abuses of the restraint system are said to have occurred in respect to monomania, in which individuals have been forcibly imprisoned because they entertained some absurd delusions, over which however, they had so great a power of control, as to render it somewhat difficult for a shrewd and experienced examiner to detect them. All this is very correct criticism on the commissions of inquiry and their occasionally harsh results. But the main and important point of interest is not even hinted at. It is, whether some mode cannot be devised of preventing these awfully numerous cases of murder and suicide which are now a days perpetrated by monomaniacs, or in other words, by such as labor under *dangerous delusions*! These persons have their premonitory symptoms and indications manifest to the observer, if he be a medical man, and it may be a serious question before long, whether they should not be spread before the intelligent part of the public, in order to put them on the guard against the heart rending consequences which are continually startling us. Better that some hypochondriacs be temporarily secluded, than that a troop of homicidal and suicidal monomaniacs be allowed from day to day to work themselves up to the commitment of these enormities.

*Discharge of Lunatics.* Mr. Taylor very properly observes, that one who has been guilty of a very heinous crime, like murder, should never on any pretence be discharged. With such a person at large, the community is never safe. And indeed in all instances, where the tendency of the maniacal attack appears to lean to personal violence, great deliberation should be used, in setting the individual free.

*Interdiction.* This is rather a novel term, but it is well defined, and therefore deserves to come into use. "By interdiction we are to understand the depriving a person laboring under mental disorder of his civil rights; in other words, preventing him from exercising any control or management over his affairs. It may be with or without restraint, for one condition does not necessarily imply the other." After this explanation, our readers will perceive that the subject itself is a familiar one. This is the region of "unsoundness of mind," of "imbecility," of "incapacity to manage one's affairs." Here we have commissioners, medical and legal, to examine the individual; here we have medical witnesses in conflict with each other, and the not unfrequent results are seen in the well known cases of Mr. Davies, Miss Bagster, and David Yoolow, to which Mr. Taylor refers, but into whose peculiarities (except that of Miss Bagster,) he does not enter in a manner so as to be fully useful in future investigations.

*Lucid Intervals.* "By a lucid interval, we are to understand a temporary cessation of the insanity, or a perfect restoration to reason. Thus then, it differs entirely from a remission, in which there is a mere abatement of the symptoms." Again, "There is no doubt that lunatics do occasionally recover for a longer or shorter period, to such a degree as to render them perfectly conscious of and legally responsible for their acts like other persons. The law intends no more than this by a lucid interval, it does not require proof that the cure is so complete, as that even the predisposition to the attack should be extirpated."



Take another quotation. "In a medico-legal view, its alleged existence must always be looked upon with surprise and doubt, when the interval is very short. These lucid intervals are most frequently seen in cases of mania and monomania; they occasionally exist in dementia when his state is not chronic, but has succeeded a fit of intermittent or periodical mania. They are never met with in cases of idiocy and imbecility." And finally, read the following. "It has been said, "that a person in a lucid interval is held by law to be responsible for his acts, whether these be of a civil or criminal nature. In regard to criminal offences, committed during a lucid interval, it is the opinion of some medical jurists, that no person should be convicted under such circumstances, because there is a probability that he might at the time have been under the influence of that cerebral irritation, which renders a man insane. (Prichard.) This remark applies more especially to those instances where the lucid interval is very short. Juries now very seldom convict, however rationally in appearance the crime may have been perpetrated, when it is clearly proved that the insane was really insane within a short period of the time of its perpetration."

Comment on these observations is scarcely necessary. They are in a measure contradictory, and must remain so with every one who endeavors to reconcile medical opinions with legal adjudications. The *lucid interval* of the criminal jurist is altogether a different thing from the *lucid interval* of the physician who has studied insanity.

The remaining chapters on this subject are respectively entitled, *Responsibility of the Insane for civil and criminal acts*, and *Criminal Responsibility*. This last is too important to be briefly dismissed at the conclusion of this notice, and we therefore reserve it, with a comparative view of what has been said by Dr. Guy on the same point, for a future number. We conclude with a review of what is said by Mr. Taylor on the subject of *Wills*. There are some diseases, which *prima facie* unfit for making them: others again, as hemiplegia, do not necessarily prevent their validity.



Insanity must be proved to destroy its value, and even subsequent suicide, is not to be received as a positive proof that the mind was diseased, when the will was made. "A case has been decided, where the testator had committed suicide three days after having given instructions for his will, but the act was not allowed to be a proof of insanity, and the will was pronounced to be valid."

As to wills executed by persons afflicted, or supposed to be afflicted with monomania, the principle laid down appears to be the following. "A will may be manifestly unjust to the surviving relatives of a testator, and it may display some of the extraordinary opinions of the individual, yet it will not necessarily be void, unless the testamentary dispositions clearly indicate that they have been formed under a delusion. Some injustice may possibly be done by the rigorous adoption of this principle, since delusion may certainly enter into a man's act, whether civil or criminal, without our being always able to discover it, but after all, it is, perhaps, the most equitable way of construing the last wishes of the dead."

This might do very well as a rule, even if it caused *some* injustice, did it not in terms exclude an inquiry into the causes of that *persistent* hatred or dislike to relatives, so often shown in trials of this description. In some instances, it can scarcely be called a delusion, yet it is insanity in its most marked form—characterized by its most striking moral feature, and yet the individual testator, may to thousands, have appeared a sound man. The *living*, in some cases, should be regarded with as much *justice*, as the *last wishes of the dead*.

T. R. B.

(To be continued.)

## MISCELLANY.

A TREATISE ON INSANITY; by E. ESQUIROL, Physician-in-chief of the Maison Royal des Alienes de Charenton, etc. Translated from the French, with additions by E. K. HUNT, M. D. Philadelphia: Lea & Blanchard, 1845.

This valuable work has recently been translated by Dr. Hunt, of Hartford, Ct., and published by Lea & Blanchard, of Philadelphia. We rejoice at this, and thank the translator and the publishers. We consider it on the whole, *the best work on Insanity*—the one we should prefer if we could have but one. We trust it will have an extensive sale, as it is essential to the completeness of every physician's library, while those who have much to do with the care and treatment of the insane, should "keep up a daily acquaintance with it," as Dr. Conolly states he "has done for many years."

We do not propose to notice the work at length, as we presume all who take much interest in the study of insanity, will obtain it—we can, however, refer the reader to two extended notices of it, published several years since—one in the American Journal of the Medical Sciences for Nov., 1838, and another in the Edinburgh Medical and Surgical Journal, which was republished in Bell's Select Medical Library, of 1840.

The translator has done his work faithfully and well, and made many valuable additions, for which his experience in the treatment of the insane, and knowledge of the writings of others well qualified him.

## SOCIETY FOR IMPROVING THE CONDITION OF THE INSANE.

This Association was formed in London, on the 15th of April, 1842. Its officers are as follows: *President*, The Earl of Shaftsbury. *Trustee*, Sir Alexander Morrison. *Hon. Secretary*, Thomas Coult Morrison, Esq. Its objects are

"1st. The diffusion of practical knowledge concerning the nature, causes and treatment of Mental Disorder, by meetings of Medical Practitioners, and other persons who feel interested in the subject, in London and its vicinity.

"2d. The institution of Correspondence and Prize Essays on various points connected with the treatment of Insanity, and with the management of hospitals, and public and private asylums for the insane.

"3d. The advancement of the moral, intellectual and professional education of the immediate attendants on insane patients."

The funds of the Society, which are devoted to the payment of premiums for Prize Essays, and rewarding meritorious attendants of the insane, in London and the adjacent counties, are raised by donations, and by annual subscriptions of the members.

Two prizes for Essays were offered in 1843; one of Twenty Guineas for the best Essay on the Distinction between Crime and Insanity, and one of Ten Guineas for the best form of keeping cases of Mental Disorder. The former was awarded to Sir A. Morrison. We have not learned the issue of the latter.

Four premiums were also offered to Attendants; two, of Three Guineas each to the Attendants, one of either sex, who should produce the best testimonials, and two for those who should produce the next best testimonials.

The prizes for 1844-5 are, for the best Essay on the Pathology and Treatment of Puerperal Insanity, 21 Pounds sterling; for the second best Essay on the same subject, 10 Pounds sterling.

The Society meets in London monthly from December to August inclusive. Among its members, are the Duke of Norfolk, the Earl of Arundel and Surrey, the Duchess of Norfolk, Lady C. Morrison, Lady Ellis, (probably the widow of the late Sir W. Ellis, Superintendent of the Hanwell Asylum,) Lady Morrison, &c. &c.

When will a similar association be formed among the dignitaries of this land? P. E.

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NEW AND BENEVOLENT ENTERPRISE—CURE AND EDUCATION OF  
CRETINS.

An Institution having this object in view, has lately been established by Dr Guggenbulh, a Swiss Protestant Physician at Abendberg, near Interlachen.

The Cretins, as is well known, are a deformed, imbecile class of human being in the valleys of Switzerland, many of whom are to all appearance, idiots.

The benevolent Dr. G., after having devoted several years to the study of the disease in various parts of Switzerland, has satisfied himself that in a majority of cases, it mainly consists in physical disorder, and not in a want of the mental faculties, and proposes to cure by means calculated to improve the bodily health, and to call forth and cultivate the intellect. For this purpose, and to secure a pure air, he has purchased a situation 1000 feet above any place where cretinism prevails, and to which he has removed a considerable number of cretins, whose diet, exercise, amusements and education he personally superintends, and has already been rewarded by witnessing astonishing improvement in several of these abject creatures.

## NAPOLEON'S ORDER AGAINST SUICIDE.

A grenadier belonging to the French army killed himself. This suicide was followed by another, and it was feared that the disposition would assume an epidemic character. Buonaparte saw the necessity of prompt and decisive measures, and with a view of striking terror in the minds of the soldiers, and putting a stop at once to the spread of what appeared to be a contagious malady, he issued the following "order of the day" dated *St. Cloud 22 Floreal, an X*:—

"The grenadier Groblin has committed suicide, from a disappointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consul directs that it shall be notified in the order of the day of the guard, that a soldier ought to know how to overcome the grief and melancholy of his passions; that there is as much true courage in bearing mental afflictions manfully as in remaining unmoved under the fire of a battery. To abandon oneself to grief without resisting, and to kill oneself in order to escape from it, is like abandoning the field of battle before being conquered.

Signed

"NAPOLEON,

"BESSIERES."

The effect of this masterly appeal to the courage of the French soldiery was truly magical. The disposition was completely quelled, and no case of suicide occurred for a considerable time afterwards. The course which Napoleon adopted shewed his great knowledge of human nature, as well as the thorough insight he had obtained into the character of the people over whose mind he exercised so tremendous an influence.



## PROVISION FOR THE INSANE POOR IN SCOTLAND.

In the February number of the North British Review is a notice of the "*Report of her Majesty's Commissioners on the Poor Laws of Scotland, presented to Parliament in 1844, with Remarks on said Report by Dr. Alison.*"

The article is said to be written by Dr. Chalmers who, as is well known, is opposed to all compulsory provision for the poor—to any assessment, however small, for the relief of poverty—and in favor of a voluntary system of charity, by which the poor should be provided for by local and parochial arrangements. He observes, "Let the principles of prudence for oneself, and of affection, both relative and social, for others—principles inserted, by the strong hand of Nature, in the human constitution, and which Christianity would invigorate still more—let these be kept in free and undisturbed play throughout any aggregate of human beings, and not be enfeebled or paralyzed by the devices of an artificial charity: and our assertion is, that we shall both have fewer poor, and these few more amply provided for, under the system which is advocated by us, than under the system which is opposed to it."

This able writer states, however, that other provision is necessary for the sick and the *insane*, and strenuously urges an increase of public Hospitals and Asylums for their cure and comfort.

"Whatever controversies," says he, "may have arisen, and may yet remain unsettled, on the best method of prescribing for general indigence, there ought to be no controversy on the question of a certain and complete provision, and at the public expense, too, for all sorts of institutional disease. We confess an unconquerable repugnance to any assessment, however small, for the relief of poverty, but along with this, the utmost demand and desirousness for an assessment, however large, so long as the produce of it is rightly expended on the object of public health—and this, whether in the form

of medical institutes, as infirmaries, and fever-hospitals, and asylums for the incurable, and the blind, and the dumb, and the lunatic.

“ We can figure nothing more appalling or more fitted to outrage the humanity of the public, than the evidence which Dr. Arnold quotes, and much more that he has not quoted on the treatment of the insane—whether of those lunatics whose recovery is possible, or of those who are sunk in hopeless idiocy. These ought never to be mixed up with the inmates of a general or common poor-house; and there ought to be sanative and keeping asylums for both, or houses for the cure of the one, and houses for the perpetual custody of the other. The compassion of the public might be indulged to any extent in behalf of these heaven stricken patients; and it were pleasure without alloy, the full luxury of benevolence, with nought to mar the delicious sensation, could we behold them in the full enjoyment of a generous and separate provision, so that in respect of room, and air, and cleanliness, and indeed all the other items of human comfort, they should forthwith be placed on a higher level than the maxim of a distinction between the pauper and the independent laborer will permit to the poor at large. We have long remarked it as a most grievous inexpediency, besides that it implied a most grievous want of intelligence in the sound principles of the subject, when we saw what is too often realized in our city poor-houses, the fatuous insane littered in straw, and sharing in all the stinted allowances of a mere parish or public receptacle for cases of ordinary destitution. We have read few things more revolting to humanity than the account in the evidence before us of the treatment, the shameful neglect, we fear the horrid and untold cruelty to which the insane poor are subjected in various parts of Scotland—a most urgent reason truly for the instant extension of lunatic asylums, till a door wide enough shall be opened, and space ample enough be provided for the accommodation of all, but no reason why it should be converted, as Dr. Alison has done, into a make weight on the side of a

wholly different cause. The controversy respecting general pauperism might continue a *questio vexata* for half a century to come; but that is no reason why the special cases of lunacy, and indeed of all institutional disease, should not from this moment, be ungrudgingly, nay, most cheerfully met, and that on a scale commensurate to the whole extent of the necessity."

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**NEW JERSEY LUNATIC ASYLUM.**—The commissioners appointed by the Legislature for the purpose have selected a farm in Ewing, about two miles and a half from Trenton, as the site for the lunatic asylum about to be erected. The property purchased contains 111 acres. The part of it on which it is designed to erect the building is a level tract of fifteen or twenty acres, situated about 150 feet above the level of the river, and commanding a beautiful prospect of the surrounding country. On the premises is a spring of pure water, which supplies at least 60,000 gallons a day. The water, after leaving the spring, has a fall sufficient to raise the necessary quantity of water to the top of the asylum. The spring will afford more than enough water for all purposes, and will also work the machinery for forcing it up to the building.

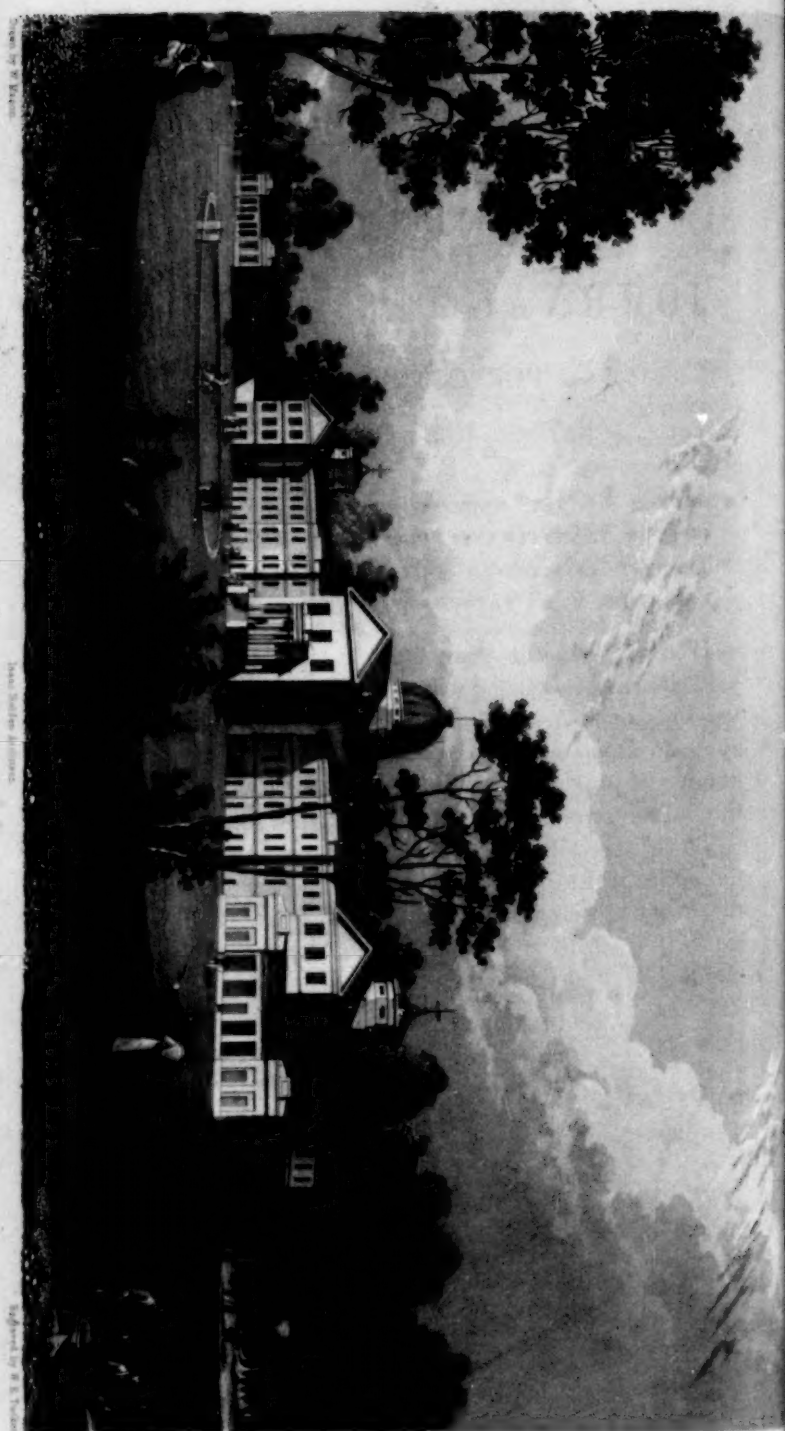
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**DEATH OF HON. JACOB SUTHERLAND.**

This distinguished Jurist and Statesman died at Albany, May 13th, aged 57. At the time of his death he was one of the Managers of the N. Y. State Lunatic Asylum, a situation he had held ever since the organization of the Institution. We notice his death in this Journal but to speak of the warm interest he took in the welfare of the insane and the success of the Asylum; and to express our sense of the loss this Institution has sustained in being thus deprived of the counsel of one whose learning, sound judgment and benevolent feelings eminently qualified for usefulness in such a station.



# HENRY WATKINS HOSPITAL FOR THE INSANE.



Designed by W. B. Smith

Henry Watkins Hospital

Engraved by H. E. Fisher

Published by James A. Long